Acceptance and Commitment Therapy (ACT) for Early Psychosis

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Webinar on 5/15/19, sponsored by the New England MHTTC’s Early Psychosis Learning Collaborative
Click [here](#) to join the Early Psychosis Learning Collaborative!
Brandon Gaudiano, Ph.D. receives grant funding from the National Institutes of Health and Brown Mindfulness Center. He also receives royalties from Oxford University Press and Routledge/Taylor & Francis, and consults for McKesson/Change Healthcare.

Michelle Friedman-Yakoobian PhD receives grant support from the National Institute of Mental Health, Substance Abuse and Mental Health Services Administration New England Technology Transfer Center and the Massachusetts Dept of Mental Health.
Webinar Overview:

1. What is ACT?
2. What is the evidence base for ACT for psychosis?
3. Application of ACT for first episode psychosis (FEP) and clinical high risk (CHR)
4. Case example
What is ACT?

- Behaviorally-based intervention
- Incorporates acceptance and mindfulness strategies to help people disentangle from difficult thoughts and feelings
- In order to engage in behavior that is guided by personal values.
What is the goal of ACT?

“Creating a rich, full and meaningful life while accepting the pain that inevitably goes with it.”

The Control-Agenda/ Psychological Inflexibility/ Unwillingness/ Experiential Avoidance

Willingness/ Acceptance/ Psychological Flexibility

Making space for difficult internal experiences while taking action towards values
Experiential avoidance/control agenda is transdiagnostic. So is ACT.

ACT has a growing evidence base for efficacy in treating individuals experiencing depression, anxiety disorders, diabetes, chronic pain, addiction, parenting stress and psychosis.
Over 200 ACT clinical trials to date

ACT vs Comparison Conditions (Primary Outcomes)

Effect Size Differences (Hedges' g)

- All Controls: 0.57
- Waitlist: 0.82
- Placebo: 0.51
- TAU: 0.64
- CBT: 0.32 (n.s.)

Effect Size Interpretation:
- 0.2 = small
- 0.5 = medium
- 0.8 = large

39 studies, total n = 1,821

ACT > Controls for primary outcomes, quality of life, and process measures
ACT theory/ formulation is compatible with other cognitive and behavioral therapies

- Including DBT, CBT (especially more behaviorally-oriented approaches), motivational interviewing, metacognitive therapy, etc., etc.
Conceptual Difference

Many traditional therapies
Conceptual Difference

ACT
ACT Treatment Processes

Be present
Make contact with inner experience

Open up
Make room for all thoughts and feelings without resistance

Psychological Flexibility

Do what matters
Values-guided action

ACT Treatment Processes

Be present
Make contact with inner experience (Mindfulness/Self as context)

Open up
Make room for all thoughts and feelings without resistance

Psychological Flexibility

Do what matters
Values-guided action

Mindfulness

Paying attention on purpose to the present moment, without judgment.
Some Present Moment Mindfulness Exercises

- Paying attention to breath
- Body Scan
- Clap and notice how long sensation lingers
- Listening to music with full attention
- Playing with pet with full attention
- Mindfulness concentration games
Self as observer separate from experiences

https://www.youtube.com/watch?v=dz_nexLqY_8
Open Up
Make room for all thoughts and feelings without resistance (defusion/acceptance)

What is acceptance/willingness?

- Allowing thoughts/feelings/internal experiences to be as they are
- Opening up/making room – dropping the struggle

Struggling to get rid of our emotions can be like playing tug of war with a monster.

What is the alternative to struggle?
What acceptance is not:

- Passively accepting a bad life situation rather than taking action to change it
- “Bucking up”
- A technique

Acceptance is a process that involves practicing **being willing** to make room for thoughts/feelings/internal experiences that come up **while doing things that matter**.
Pain vs. Suffering
YOU CAN'T GET RID OF YOUR FEARS...
BUT YOU CAN LEARN TO LIVE WITH THEM

more tea?

Cognitive Fusion:
Fixed beliefs, rules, judgments that seem like self-evident truth to an individual and influence their willingness to engage in valued actions.

Illustration from Ciarrochi & Mercer (2005)
Seeing the world through SH**T colored glasses
(Russ Harris ACT in Context Podcast)

Illustration from Ciarrochi & Mercer (2005)
Defusion exercises:

- Noticing the mind
- How useful is it to get all caught up in what your mind is telling you right now?
- Thoughts/words are a collection of sounds that have been given meaning (milk milk milk and other variations)
- Exploring the origin of fused beliefs
Try this out

1. Think of a nasty belief or judgment about yourself that has shown up for you recently (i.e., I am incompetent)

2. Focus on it (repeat it out loud or in your mind and fuse with it) for 30 sec

3. Now think of that judgment again, but this time add this phrase first

4. “I’m having the thought that __________”

5. Now add, “I’m noticing I’m having the thought that ___”
Do what matters
Values-guided action (values, committed action)

Values vs. Goals

Values = directions.
Goals = destinations.

Loyalty

Dependability

Living Your Values

When you are living by these values, how will you:

- Treat yourself?
- Treat others?
- Treat your body?
- Treat your work/education?
- Treat your interests/hobbies?
- Treat the world around you?
ACT for Psychosis Research
Newer Mindfulness/Acceptance Approaches for Psychosis

Acceptance and Commitment Therapy (ACT)

Mindfulness Meditation Groups (Chadwick)

Mindfulness-Based Cognitive Therapy (MBCT)

Person-Based Cognitive Therapy for Distressing Psychosis (PBCT)

Compassion-Focused Therapy (CFT)

Meta-Cognitive Therapy (MCT)

Treatment of Resistant Command Hallucinations (TORCH)
Review of Current Mindfulness/Acceptance Therapies for Psychosis (Gaudiano, 2015)

- **Mindfulness**
  - Acknowledging psychotic symptoms in the moment without evaluating them as true or false

- **Acceptance/self-compassion**
  - Being willing to experience uncontrollable symptoms and showing compassion toward oneself for difficulties

- **Values**
  - Living a fuller and more desired life despite residual psychotic symptoms
Meta-Analysis of Mindfulness Therapies for Psychosis

Mindfulness, Acceptance, and Compassion Predicts Outcomes


$\beta = .52, \ SE = .13, \ p < .001$
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Comparison</th>
<th>Format</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>1. Bach &amp; Hayes (2002) (n=80)</td>
<td>Inpatients (acute psychosis)</td>
<td>ACT vs Treatment as usual</td>
<td>Individual</td>
<td>ACT &lt; rehospitalization</td>
</tr>
<tr>
<td>2. Gaudiano &amp; Herbert (2006) (n=40)</td>
<td>Inpatients (acute psychosis)</td>
<td>ACT vs Treatment as usual</td>
<td>Individual</td>
<td>ACT &lt; rehospitalization, symptoms, impairment, hallucination distress</td>
</tr>
<tr>
<td>3. White et al (2011) (n=27)</td>
<td>Outpatients (post-psychosis depression)</td>
<td>ACT vs Treatment as usual</td>
<td>Individual</td>
<td>ACT &lt; negative symptoms and crises and &gt; mindfulness</td>
</tr>
<tr>
<td>5. Gaudiano et al (2013) (n=14)</td>
<td>Outpatients (psychotic depression)</td>
<td>ACT (open trial)</td>
<td>Individual</td>
<td>ACT &lt; depression and psychosis and &gt; functioning</td>
</tr>
<tr>
<td>7. Johns et al (2016) (n=69)</td>
<td>Outpatients (Psychosis)</td>
<td>ACT (open trial)</td>
<td>Group</td>
<td>ACT &gt; functioning and mood</td>
</tr>
<tr>
<td>8. Gumley et al (2017) (n=29)</td>
<td>Outpatients (post-psychosis depression)</td>
<td>ACT vs Treatment as usual</td>
<td>Individual</td>
<td>ACT &lt; depression, experiential avoidance</td>
</tr>
<tr>
<td>10. Shawyer et al (2017) (n=96)</td>
<td>Outpatients (residual psychosis)</td>
<td>ACT vs Supportive therapy</td>
<td>Group</td>
<td>ACT &lt; positive symptoms and distress</td>
</tr>
<tr>
<td>12. Ghouchani et al (2018) (n=30)</td>
<td>Inpatient to Outpatient (aggression and meth use)</td>
<td>ACT vs Psychoeducation</td>
<td>Individual</td>
<td>ACT &gt; general health &lt; aggressiveness</td>
</tr>
</tbody>
</table>
ACT for Inpatients with Psychosis Study

- Randomized inpatients with psychosis to Enhanced Treatment as Usual vs ACT (average 3 sessions)

- N = 40 (TAU = 19 and ACT = 21)

- Assessments at admission and discharge
  - Psychiatric Symptoms
  - Disability Related to Illness
  - Self-ratings of psychotic symptoms
  - Rehospitalization rates (4 month follow-up)

Brief ACT for Psychotic Inpatients

Patients were taught:

1. To accept unavoidable psychological distress
2. To simply notice psychotic symptoms without treating them as either true or false
3. To identify and work toward valued goals despite their symptoms.

No attempt to directly change beliefs about psychotic symptoms

Change in Distress Related to Hallucinations
(Self-Ratings of Psychotic Symptoms)

Change in distress ratings for TAU and ACT treatments comparison.
Change in Disability Related to Illness (Sheehan Disability Scale)
Clinically Significant Change in Symptoms Pre-Post (Brief Psychiatric Rating Scale)

Mood Symptoms: TAU 27, ACT 71
Overall Symptoms: TAU 7, ACT 50
ACT-Congistent Mediation of Treatment Effects


**ACT produced greater reductions in hallucination-related distress and rehospitalizations compared with TAU alone**

**Believability of Hallucinations**

(Proxy for Defusion)

**Decreased believability in ACT condition led to decreased hallucination distress and longer time until rehospitalization**

**Treatment Group**

(TAU vs ACT)

**Hallucination Distress & Rehospitalization**
The Research-Practice Divide
Researching the Effectiveness of Acceptance-based Coping during Hospitalization (REACH)

PI: Gaudiano NIMH Grant MH097987
ACT for Inpatients (ACT-IN) Model

**ACT-IN Components**
- Acute Tx: Individual and group sessions
- Post-DC (RCT): Phone Sessions
- Mindfulness, Acceptance, and Values

**Target Mechanisms**
- Mindfulness
- Psychological flexibility
- Values-action consistency

**Clinical Outcomes**
- Overall Symptoms
- Psychosocial Functioning
- Quality of life
- Rehospitalization rates
ACT-IN Open Trial Sample (n = 26)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Mean or Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>M = 38 yrs</td>
</tr>
<tr>
<td>Education Level</td>
<td>M = 13 yrs</td>
</tr>
<tr>
<td>Female</td>
<td>62%</td>
</tr>
<tr>
<td>Disabled</td>
<td>50%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>15%</td>
</tr>
<tr>
<td>White</td>
<td>69%</td>
</tr>
<tr>
<td>Married</td>
<td>12%</td>
</tr>
<tr>
<td>Schizophrenia-Spectrum</td>
<td>85%</td>
</tr>
<tr>
<td>Psychotic Mood Disorder</td>
<td>15%</td>
</tr>
<tr>
<td>Group/Individual Sessions</td>
<td>M = 5.6</td>
</tr>
<tr>
<td>4-Month Antipsychotic Medication Adherence</td>
<td>80% (self-report)</td>
</tr>
</tbody>
</table>
ACT-IN Change in Symptoms and Targets

**Brief Psychiatric Rating Scale**

<table>
<thead>
<tr>
<th>ADMISSION</th>
<th>DISCHARGE</th>
<th>4 MONTH FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>40</td>
<td>35</td>
</tr>
</tbody>
</table>

*p < .001, Cohen’s d = .91 (n = 26)*

**Cognitive and Affective Mindfulness Scale**

<table>
<thead>
<tr>
<th>ADMISSION</th>
<th>DISCHARGE</th>
<th>4 MONTH FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>35</td>
<td>34</td>
</tr>
</tbody>
</table>

*p < .001, Cohen’s d = .68 (n = 26)*
PILOT RCT: ACTp vs Enhanced Treatment as Usual (Rehospitalization Rates 4 Months Post-Discharge)

2006 Philly Study

2017 Providence Study

N = 40, survival analysis p < .05
*As reported in Bach, Gaudiano, et al. (2013)

N = 38, survival analysis p < .05
PI: Gaudiano; Grant# R34 MH097987
Lingering Questions

- Unclear if ACT works better than traditional CBT
- Unclear if ACT works through different mechanisms than traditional CBT
- Only preliminary work so far on how best to combine ACT and other psychosocial approaches psychosis
ACT for Early Psychosis
First Episode Psychosis (FEP)

- Often begins in late teens/mid-20s
- 100,000 adolescents/young adults each year in the US
- High rates of:
  - relapse (80% over 5 years)
  - functional impairment (50-70%)
  - comorbid depression/anxiety (50%)
  (Linszen et al 2001; Whitehorn et al, 2002; Birchwood, 2003)

- Research supports coordinated specialty care (CSC):
  - Individual/group psychotherapy (mainly CBT)
  - Family support/education
  - Supported employment/education
  - Case management
  - Pharmacotherapy

Clinical High Risk for Psychosis (CHR-P)

- Syndromes indicative of risk for developing psychotic illness within the next 3 years
  - 1) Attenuated positive symptoms
  - 2) Genetic risk and functional decline
  - 3) Brief intermittent psychotic symptoms

- Emerging research supports promise of interventions for reducing worsening of symptoms
  - Medication, CBT, family focused treatment, integrated care
  - SAMHSA recently invested more than $10M in development of Community Programs for Outreach and Intervention for Youth at CHR-P.
Early Interventions: % Transitioned at 12 months

“the experimental condition significantly reduced the conversion risk on average by 56.0%.” Schmidt et al., 2015
Adapting ACT for FEP and CHR-P

- New area of study!
- Adaptations focused on developmental needs of teens and young adults
  - Identifying values for first time
  - Acceptance of emotion – realization of differences between outside appearance and inside experience
  - Metaphors work for some and not others
  - More active present moment mindfulness rather than meditation
Miracle Question
Making a choice: Acting on Values

Thoughts / Feelings that Hook me:
- Work is too hard
- Tired
- Voices tell me I’m dumb
- Depressed
- Can’t deal

- Completing school work
- Helping a friend
- Playing basketball
- Taking care of my health

- Oversleeping
- Skipping school
- Too much video games
- Overeating

Adapted from Harris 2017
ACT Pilot for Youth at CHR-P EnACT (Enriched ACT)

- 11 session group
  - (adapted from ACT for Life– Oliver, Morris, Johns and Byrne, 2011)
  - Added psychoeducation about CHR-P + additional experiential exercises targeting ACT triflex
- Weekly therapy sessions (6 months)
- Comparison condition in a cognitive remediation trial.

Friedman-Yakoobian et. al, in preparation
Demographics of Included Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>M (SD); N=18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>19.1 (3.0)</td>
</tr>
<tr>
<td>Sex (M/F/Other)</td>
<td>12 / 4 / 2</td>
</tr>
<tr>
<td>Race (White/AA/Asian/Interracial)</td>
<td>9 / 4 / 3 / 2</td>
</tr>
<tr>
<td>Years of Education Completed</td>
<td>12.1 (2.9)</td>
</tr>
</tbody>
</table>
## Results of EnACT Treatment

### Table 2. EnACT Baseline vs End of Treatment Assessments – Significant or Trending Findings (paired t tests) N=11

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Baseline M (SD)</th>
<th>End of Treatment M (SD)</th>
<th>BL vs ET p, Cohen’s D</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIPS Positive Symptoms</td>
<td>10.7 (2.9)</td>
<td>7.5 (5.1)</td>
<td>p = .028, d=0.78</td>
</tr>
<tr>
<td>Distraction/Suppression (MEAQ*)</td>
<td>31.6 (6.4)</td>
<td>26.9 (7.2)</td>
<td>p = .054, d=0.66</td>
</tr>
<tr>
<td>Experiential Avoidance (MEAQ*)</td>
<td>206.5 (25.4)</td>
<td>193.9 (31.5)</td>
<td>p = .078, d=0.59</td>
</tr>
</tbody>
</table>

*Multidimensional Experiential Avoidance Questionnaire
CHR-P Case Example: Jennifer

Jennifer* - 20 year old female

Referred by college counseling center after being put on academic suspension

Chief complaint: “I think my former roommate is trying to spy on me and play mind tricks with me.”

* Composite case example to protect confidentiality and illustrate treatment
Jennifer continued

- Stopped attending class and using computer/ phone due to concern her former roommates might* be taking videos of her to post on the internet.
- Felt guilty/ hopeless about failing classes
- Cut off all contact with friends feeling that they were a “waste of time.”
- Previously high functioning (admitted to competitive university, large circle of friends)

* Maintained insight that this could be in her mind
Case Conceptualization

- Highlighting values and essential components of a meaningful life
- Evaluating barriers to flourishing
  - External (e.g., financial and social stressors)
  - Internal “sticky thoughts and feelings” (unhelpful rules and assumptions, unworkable actions, avoidance)
- Attenuated Psychotic Symptoms
Making a choice: Acting on Values

- Completing school work
- Helping my family
- Exercising
- Skipping class
- Avoiding my phone and computer
- Spending too much time in my room

Thoughts / Feelings that Hook me:
- I’m a loser because I failed school
- I’m a burden to my family
- It’s not safe to use my computer

Adapted from Harris 2017
Psychosis Continuum:

**Normative range**
**Mild** (SIPS* 1-2):
Noticeable, but not bothersome
*Reality testing intact*

**Clinical high risk**
**Moderate** (SIPS* 3-5):
Bothersome and affects daily life.
*Able to induce doubt*

**Psychotic**
**High** (SIPS* 6):
Significantly interferes with daily life
*100% Conviction*

“*My old roommate wasn’t trustworthy*”

“*My old roommate might be watching me on my computer*”

“*My old roommate is spying on me and watching my every move*.”

*SIPS = Structured Interview for Psychosis Risk Syndromes*
Understanding Relationship between Symptoms and Stress

Stressors: e.g., Starting college, relationship stress, lack of sleep, unhealthy eating, using energy drinks.

Factors affecting vulnerability/susceptibility:
- e.g., Close relative has mental illness, birth complications, head injury, illness when baby

Symptoms: e.g., Having trouble telling what’s real and what’s not.

Symptoms can boil over!

Symptom Reliever: e.g., Avoiding street drugs, regular sleep, learning skills to reduce getting hooked by sticky thoughts and feelings, exercise, spending time with supportive people, possibly taking prescribed meds

Brabban & Turkington (2002) 66
Treatment Focused On…

- Identifying and taking steps towards valued actions
- Disentangling from unhelpful rules/assumptions/beliefs
- Making room for uncomfortable thoughts and feelings while doing what matters (exposure)
- Self-compassion
- Mindfulness
- Wellness planning
Further Reading ACT for Psychosis

- Acceptance and Commitment Therapy and Mindfulness for Psychosis (Morris, Johns, Oliver editors)
- Incorporating Acceptance and Mindfulness into the Treatment of Psychosis (Gaudiano editor)
- ACT for Psychosis Recovery Manual (O’Donoghue, Morris, Oliver, et al)
- Treating Psychosis: Clinician Guide to Integrating ACT, CFT, and Mindfulness… (Wright, Turkington, Kelly et al)
Further Reading ACT

- ACT Made Simple (Russ Harris)
- Mindfulness and Acceptance Workbook for Anxiety (Eifert and Forsyth)
- Get Out of Your Mind and Into Your Life for Teens (Ciarrochi, Hayes, Bailey)
Online Resources

- Act in Context Podcast (available on iTunes)
- ACT Turning Hurt to Hope Podcast on ACT for psychosis
- Eric Morris webinar ACT for psychosis
Questions and Discussion