

A service evaluation of an acceptance and commitment therapy group in an Early Intervention in Psychosis service

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In this article the growing evidence base for acceptance and commitment therapy (ACT) for psychosis is reviewed. A small scale evaluation of an ACT group in an Early Intervention in Psychosis service in South West London is presented.

ACCEPTANCE AND COMMITMENT therapy (Hayes, Strosahl & Wilson, 1999) is a 'contextual cognitive-behavioural therapy' that has its origins in behavioural traditions. It is underpinned by relational frame theory – a behavioural-analytic theory of language and cognition. It is not possible to fully explain philosophical and theoretical underpinnings of ACT in this article however – see Hayes (2004) for a description of this.

ACT is a transdiagnostic model, seeing psychological distress rooted in 'psychological inflexibility' (Hayes, Strosahl & Wilson, 1999), leading to narrow behavioural repertoires which reduce an individual's ability to behave according to their values and lead a fulfilling life. ACT focuses on changing an individual's relationship to internal experiences (thoughts, feelings and sensations) rather than changing the experience itself. The focus is on increasing 'psychological flexibility' by using mindfulness and acceptance. The primary aim of this is to help an individual to re-engage in valued and meaningful behaviours in order to create a rich and rewarding life.

The use of ACT in psychosis populations

There is a growing interest in the application of ACT for individuals experiencing psychosis. The ACT model has proved useful in formulating psychotic difficulties (e.g. Bach, 2013) and many of the core aspects of psychological inflexibility, such as experiential avoidance (the attempted avoidance of unwanted internal experiences), cognitive fusion (when cog-

nitive events are taken as literal truths) and loss of value driven behaviour, have been hypothesised to be involved in the genesis and maintenance of symptoms of psychosis (outlined in Morris, Johns & Oliver, 2013).

To date, there have been three randomised controlled trials of ACT in psychosis which have shown efficacy for this treatment. Two of these have been with in-patients (Bach & Hayes, 2002; Gaudio & Herbert, 2006) and one with outpatients (White et al., 2011).

It has been posited that ACT is particularly applicable to early intervention groups, since it presents a recovery-oriented approach which fits with the broader aims of early intervention: to enhance functioning, help young people achieve meaningful social roles and improve quality of life (Oliver & Morris, 2013).

The development of ACT groups for psychosis

There is growing evidence that group-based psychological therapies improve outcomes for people experiencing psychosis, particularly for people in the early stages of psychosis (Lecomte et al., 2008).

This, paired with the growing evidence for efficacy of ACT in psychosis, has led to clinicians developing group ACT protocols for psychosis, such as the protocol used in this small-scale evaluation (Oliver, Morris, Johns & Byrne, 2011). This is the first group protocol for ACT in psychosis. This protocol is currently being evaluated for effectiveness and acceptability across the spectrum of psychosis in a research trial.

Table 1: Inclusion criteria

Session	Content
1	Mindfulness exercise. Discussion: What do you want your life to be about? Introduction to 'Passengers on the Bus' metaphor. Exercise: Identifying valued direction and passengers. Homework: Plan action for the week to move towards valued direction.
2	Mindfulness exercise. Homework review. Exercise: Act out 'passengers on the bus' metaphor as group. Homework: Plan action for the week.
3	Mindfulness exercise. Homework review. Defusion: Introduction to concept and techniques. Homework: Plan action for the week.
4	Mindfulness exercise. Homework review. Key messages of group: Noticing, willingness and taking action. Discussion: Revisit passengers, and techniques for dealing with them. Discussion: Where to from here? Complete worksheet on valued directions, goals and passengers. Final message of group. Certificates.

This article aims to draw readers' attention to the approach and reflect on the authors' own experiences of running an ACT group in an early intervention service, as well as presenting descriptive data collected from participants.

Method

The service context

The team is an early intervention service in south-west London, serving a population of approximately 400,000 people. The team caseload is 170–180 people aged between 17 and 35 years, who are within the first three years of treatment for an initial episode of psychosis.

The group protocol

The manual used in this group was developed by Oliver, Morris, Johns and Byrne (2011) and is freely available online at tinyurl.com/ACT4Life. The group typically comprises four two-hour sessions held on a weekly basis; however, due to service pressures, our group was delivered over four 1.5 hour sessions, with reduced breaks and shortened exercises. This

change to the protocol may represent the realistic limitations on pressured services when running such a group. The potential impact of this change to the protocol is reflected upon in the results section. The group was delivered by a clinical psychologist and a trainee clinical psychologist.

The group is structured around an ACT metaphor – 'the passengers on the bus' (Hayes, Strosahl & Wilson, 1999). This metaphor involves participants being drivers of a bus heading towards valued directions in their life. Difficult thoughts, feelings, etc. are imagined to be rowdy passengers on this bus, which can become obstacles to progress. It is demonstrated that coping with these passengers by struggling to get rid of them or by engaging with them often only serves to divert the bus away from its destination – their values. Therefore, this metaphor helps participants to get in touch with their values and identify unwanted experiences and unworkable ways of coping which are getting in the way of them pursuing these values. Participants are intro-

duced to mindfulness and acceptance as alternative ways to managing unwanted experiences and are oriented towards pursuing valued actions which will make their lives more fulfilling and vital. The thematic content of the four sessions is outlined in Table 1.

It was decided that the transdiagnostic model used in the group meant that it was applicable to most clients in the service. The only exclusion criteria were if clients were too distressed to be able to tolerate the group or if their attendance might distress other participants; for example, if they were experiencing florid psychotic symptoms. This was assessed in the pre-group assessment and in collaboration with client care co-ordinators.

Pre-group assessment

Clients showing an interest were contacted and invited to meet with one of the facilitators prior to the group for a screening assessment. This involved a clinical interview regarding their current difficulties, social situation, values and goals.

Group participants

The group was a closed group. Therefore, participants were asked to commit to attending all of the sessions. Thirteen clients attended an initial assessment appointment and were accepted into the group. Eight clients attended the first session (62.5 per cent male). The ages of clients ranged from 21 to 44 ($M = 29$ – the older client had been accepted into the Early Intervention team at time when the upper age

limit had been extended to 45). The clients' diagnoses were unspecified nonorganic psychosis ($n = 4$), severe depressive episode with psychotic symptoms ($n = 3$) and other acute and transient psychotic disorder ($n = 1$). The main presenting difficulties of the clients were low mood ($n = 4$), auditory hallucinations ($n = 3$) and paranoia ($n = 1$). Six clients attended the second session, five attended the third session and six attended the final session. Five clients attended all of the sessions.

Measures

Participants completed three measures before and after the group:

- The Cognitive Fusion Questionnaire (CFQ; Gillanders, Bolderston & Bond, 2011), a 13-item self-report questionnaire measuring cognitive fusion. The scale has been shown to have very good reliability (Cronbach's $\alpha = .86$) as well as good test-retest reliability ($r = .82$, $p < .001$, $n = 74$).
- The Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011), a seven-item scale measuring psychological flexibility, experiential avoidance and immobility. This measure has shown good internal consistency (Cronbach's $\alpha = 0.84$) and test-retest reliability after both three months ($r = .81$) and 12 months ($r = .79$; Bond et al., 2011).
- The Clinical Outcomes in Routine Evaluation Outcome Measure (Evans et al., 2003), which is designed to measure global distress. Internal

Table 2: Thematic content of the four ACT group sessions.

Participant no.	CFQ pre-group	CFQ post-group	AAQ-II pre-group	AAQ-II post-group	CORE-OM pre-group	CORE-OM post-group
1	68	48	48	15	92	38
2	58	43	39	16	47	41
3	53	57	17	28	34	N/A
4	67	56	45	37	82	27
5	34	28	12	14	27	28
Mean	56 (SD 13.8)	46.4 (SD 11.8)	32.2 (SD 16.6)	22 (SD 10.1)	56.4 (SD 29.1)	33.5 (SD 7.0)

consistency of this scale has been found to be excellent ($\alpha = .92-.94$) and test-retest reliability is good ($r = .64-.91$; Evans, 2012).

Participants also completed an evaluation questionnaire at the end of the group, in which they were invited to give qualitative feedback about the group.

Results

As mentioned above, five participants completed every session and their data alone was used to measure outcome. Table 2 provides details of pre- and post-group measures for each participant.

From these results, it can be seen that cognitive fusion as measured by the CFQ decreased from a pre-group mean of 56 to a post-group mean of 46.4. Psychology inflexibility, as measured by the AAQ-II, decreased from a pre-group mean of 32.2 to a post-group mean of 22. Global distress, measured by the CORE-OM (completed by only four clients), decreased from a pre-group mean of 56.4 to a post-group mean of 33.5.

Importantly, clients also made great progress in value-driven behavioural changes. For example, one client applied to start a vocational course, another returned to work full-time, and someone else was able to improve her relationships with her children.

Acceptability of the group

Clients also reported in their feedback forms that they found the group interesting and helpful, particularly giving positive feedback about the metaphor and group exercises. Care coordinators reported positive feedback following the group. Unfortunately, clients did not offer extensive feedback in the open ended questions on the feedback form; therefore reflections on qualitative feedback from clients is limited.

Facilitator reflections on running an ACT group in an early intervention service

A new perspective on symptoms

ACT can provide a radical shift in thinking about psychosis and other mental health difficulties. Whilst traditional, medically led services often focus on symptom reduction, ACT

focuses on willingness to have symptoms with an emphasis instead on helping people to lead rich and meaningful lives (Morris, Johns & Oliver, 2013).

This shift in thinking was most apparent in the clients' reactions to the content of the group. Clients initially appeared to be quite perplexed by the idea of ACT. They would be pushing for 'strategies' to help symptoms. As the weeks went on, the model seemed to 'click' for clients and they began focusing on acceptance and action rather than symptom reduction. This shift in thinking seemed to generate new optimism and facilitate behavioural change.

The use of metaphor as a powerful tool

We observed that the use of metaphor as a central aspect of the group aided change over a short period of time. It appeared that the metaphor was a useful 'short-cut' for describing complex ideas. Indeed, Torneke (2010) states that metaphors are a core aspect of ACT, since 'metaphors function by swiftly transferring a characteristic that is highly evident in one event to another event. Through these transferred characteristics, a situation can be viewed through a different understanding, leading to immediate changes in behavioural responses'. It seems that it is this quality of ACT which may contribute to change over a relatively short time; for example, in Bach and Hayes (2002) in-patient readmissions for individuals experiencing psychosis were reduced by half following just four sessions of ACT.

The effect of reduced session times

Due to service pressures, this group was run in one-and-a-half hour rather than two hour sessions as outlined in the original protocol (Oliver, Morris, Johns & Byrne, 2011). This does not appear to have affected outcomes, and there was no negative feedback regarding timings and breaks from participants. However, this will need to be compared to evaluation of the two hour protocol when this is available, in order to fully ascertain whether the shortened sessions reduced efficacy at all.

Limitations of this evaluation

This evaluation is limited by several factors. Firstly, the small sample size ($N = 5$) used in the

evaluation means that results are not generalisable and may have issues with reliability and validity. The lack of qualitative data gathered from clients also limits the extent to which their experience of the group can be represented here. In the future this could be overcome by holding a focus group for participants following completion of the sessions. There is also an issue with the high drop out and non-attendance rate. Of 13 participants assessed, only five completed the group. This may reflect issues in the acceptability of the group or the recruitment process for clients. However, in the facilitators' experience, this is a standard drop out and non-attendance rate for running groups in this client group.

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Conclusions

In summary, the participants in this small scale evaluation appeared to show reduced clinical distress, increased 'acceptance responses' and decreased cognitive fusion following attendance of an ACT for Psychosis group. Running the group was also enjoyable and educational for the facilitators and appeared to be well received by participants.

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