ACT Early
Acceptance and Commitment Therapy to assist recovery from a first episode of psychosis

Eric Morris
Lambeth Early Onset Services
South London & Maudsley NHS Foundation Trust
Acceptance & Commitment Therapy

- “Third wave” contextual cognitive behavioural therapy

- Acceptance based approaches focus on changing the relationship to thoughts and feelings (rather than directly changing content)

- Viewing thoughts as thoughts and looking more closely at their *behavioural results*, rather than their being *true or false*

- Some preliminary evidence for work with psychosis (e.g., Bach & Hayes, 2002; Gaudiano & Herbert, 2006)
The Primary ACT Model of Treatment (Hayes et al., 2004)

- Contact with the Present Moment
- Acceptance
- Defusion
- Values
- Committed Action
- Self as Context
- Psychological Flexibility
ACT & Early Intervention

• Studies of CBT for early psychosis have shown limited efficacy (so far) in terms of relapse prevention and functional recovery

• Acceptance & Commitment Therapy may present a pragmatic alternative to symptom elimination, through behavioural activation and promotion of psychological flexibility to anomalous experiences, emotions and thoughts in general

• May help clients to develop early flexibility toward the dominant “messages” about psychosis (symptom elimination or limited life meaning, stigma of mental illness, minds can be controlled etc).
Case Study: “Diane”

• 20 y.o. female, Black British

• Born & raised in south London; Lives with mother & sister

• Unemployed (previously worked as administrator)

• Seen by early intervention team when acutely psychotic: describing paranoid beliefs re people trying to harm her, also grandiose delusion about being a famous singer. Thought disordered. Had been unwell for 6 months.

• Family reported that she isolated herself, was aggressive, disorganised, with poor self care.

• Prescribed antipsychotic medication. Given option of psychological therapy.
Presentation at assessment

- Adherent with medication (ambivalent)
- Thoughts about being a famous singer reduced in frequency and believability, but continuing to distress her; depressed and anxious
- Functioning: spending most of her time at home, listening to music & watching TV, not socialising with friends or seeking work
Hypothesised Vulnerability to Psychosis

- Family history of psychosis (brother)
- Low SES, inner city, minority status
- History: emotional & physical abuse from father, persistently bullied at school
- Long period of unemployment (12 months)
- Duration of untreated psychosis approx. 18 months
- Recent life events:
  - Return of estranged brother to family home
  - Family friend killed on the estate
| **Acceptance** | Ongoing efforts to suppress thoughts appraised as “psychotic”, scanning for signs  
Avoiding “shameful” situations  
CRB?: (Finds it hard to describe specifics, talks in generalities)  
Highly experientially avoidant |
| **Defusion** | Attached to evaluations of private experiences as good/bad, normal/abnormal  
Reason-giving around lack of action |
| **Contact with Present Moment** | Frequent rumination about past events  
Engages regularly in fantasies of being successful/ popular etc. |
| **Self as Context** | Attached to self-as-content: victim, freak, past events & now psychosis defining her |
| **Contact with Values** | Unclear about what is important to her aside from “being normal”. Sees self as capable of “more” but feels trapped. |
| **Patterns of Committed Action** | Has “dropped out” of several life areas: work, friendships, intimate relationships  
Procrastination ++ |
ACT approach

16 sessions over 9 months at a community clinic

• Initial focus on values clarification & goal setting

• Exploring efforts at controlling thoughts/feelings: short vs long-term

• When it works to be guided by experience rather than “how it should be”

• Normalisation, “with an ACT twist” (noticing what minds do)

• Mindfulness/ Willingness / Letting go

• Perhaps with psychosis it is: “get out of your mind & into your life” – noticing opportunities that have come with losing your mind
• modification of ACT metaphors to be personally relevant
  • Mindfulness:
    “Trains at Waterloo Station”
  • Valuing as action:
    “The Cliff Richard Fan”
Session Ratings – Intrusive Thoughts

- Frequency ratings 0 – 7 days
- Believability/Willingness/Distress ratings 0 – 10
Outcomes

Living more consistently to values – approaching feared tasks such as looking for work, actively engaged in friendships, acting in more caring way toward family

Intrusive thoughts – greater acceptance of “psychotic” thoughts, less believability about thoughts in general, more freedom to act even if feeling ashamed & anxious

AAQ ratings moved in a general acceptance/ willingness direction post therapy, particularly:

- If I could magically remove all the painful experiences I’ve had in my life, I would do so.
- It’s OK to feel depressed or anxious.

2 years on, following first episode: no relapse despite several BLIPS, employed
ACT & Early Intervention: Possibilities

• **Recovery may usefully be linked with values** – moving from unhelpful pliance and tracking methods (“just take your meds & you’ll stay well”)

• Acceptance-based methods in **carer/family work**: focusing on “what works” rather than “who is right”, values in communication, being present

• Potentially useful with **dual diagnosis** – functional approach to cannabis use, particularly with the most troubled multi-problem clients

• **Prodromal/ high risk groups** – prevention of psychosis?

• **Helping the psychological flexibility of clinicians**