ACT Early

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

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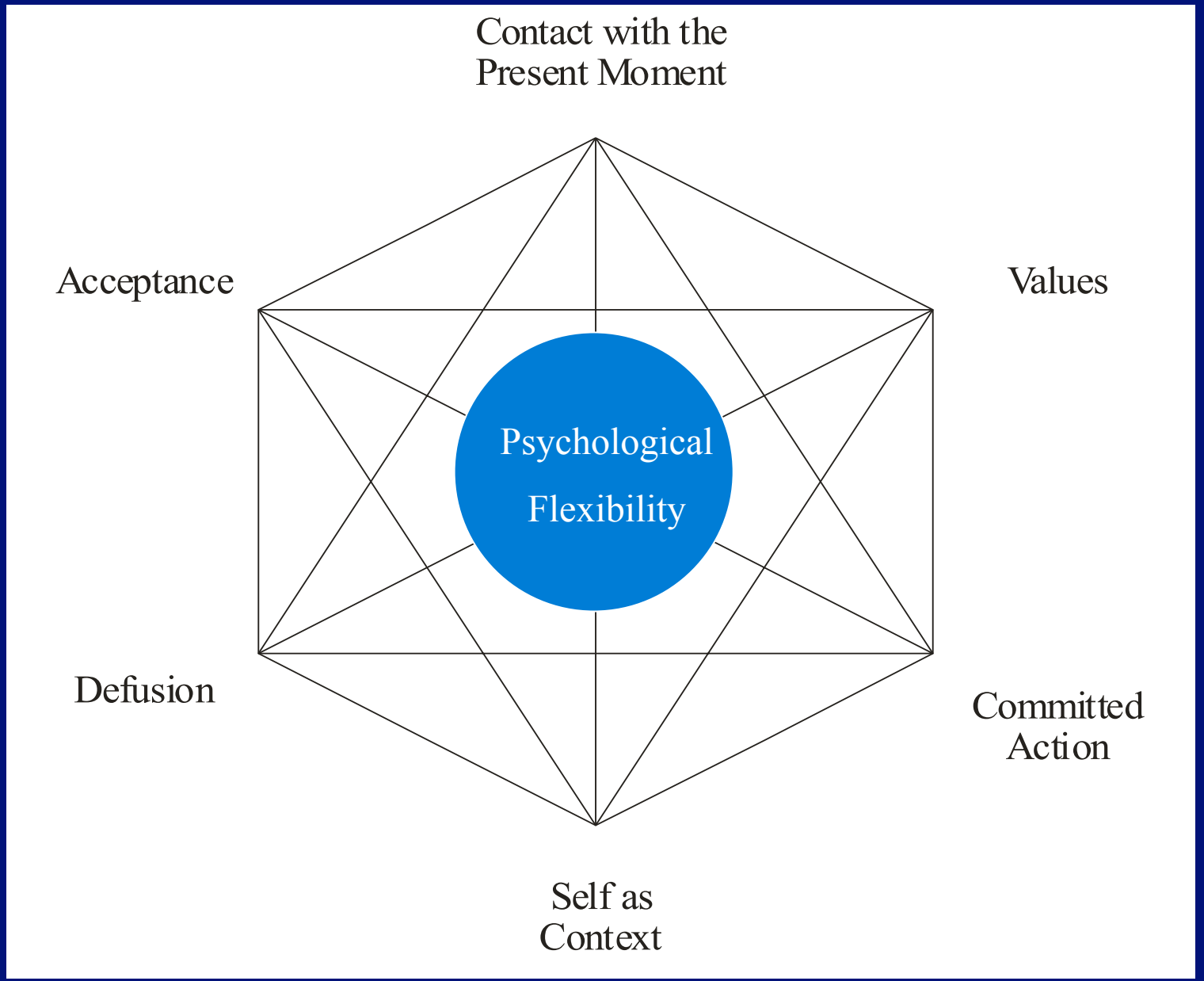
Acceptance & Commitment Therapy

- "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)



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
- Diane's stated therapy goals: [1] To be "normal", [2] Be able to get back into employment, [3] Improve self-esteem

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

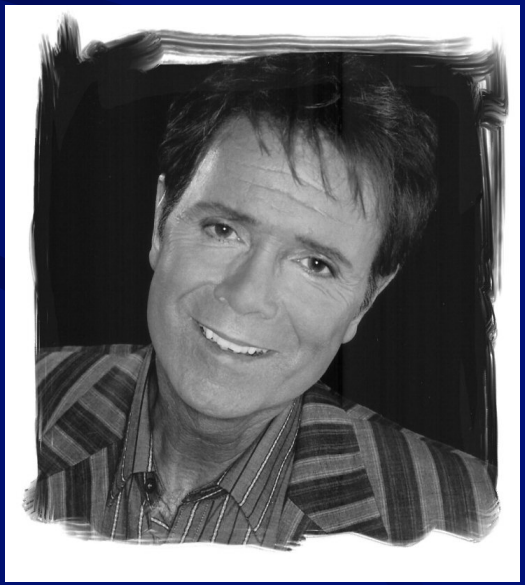
ACT approach 2

- modification of ACT metaphors to be personally relevant
  - Mindfulness:

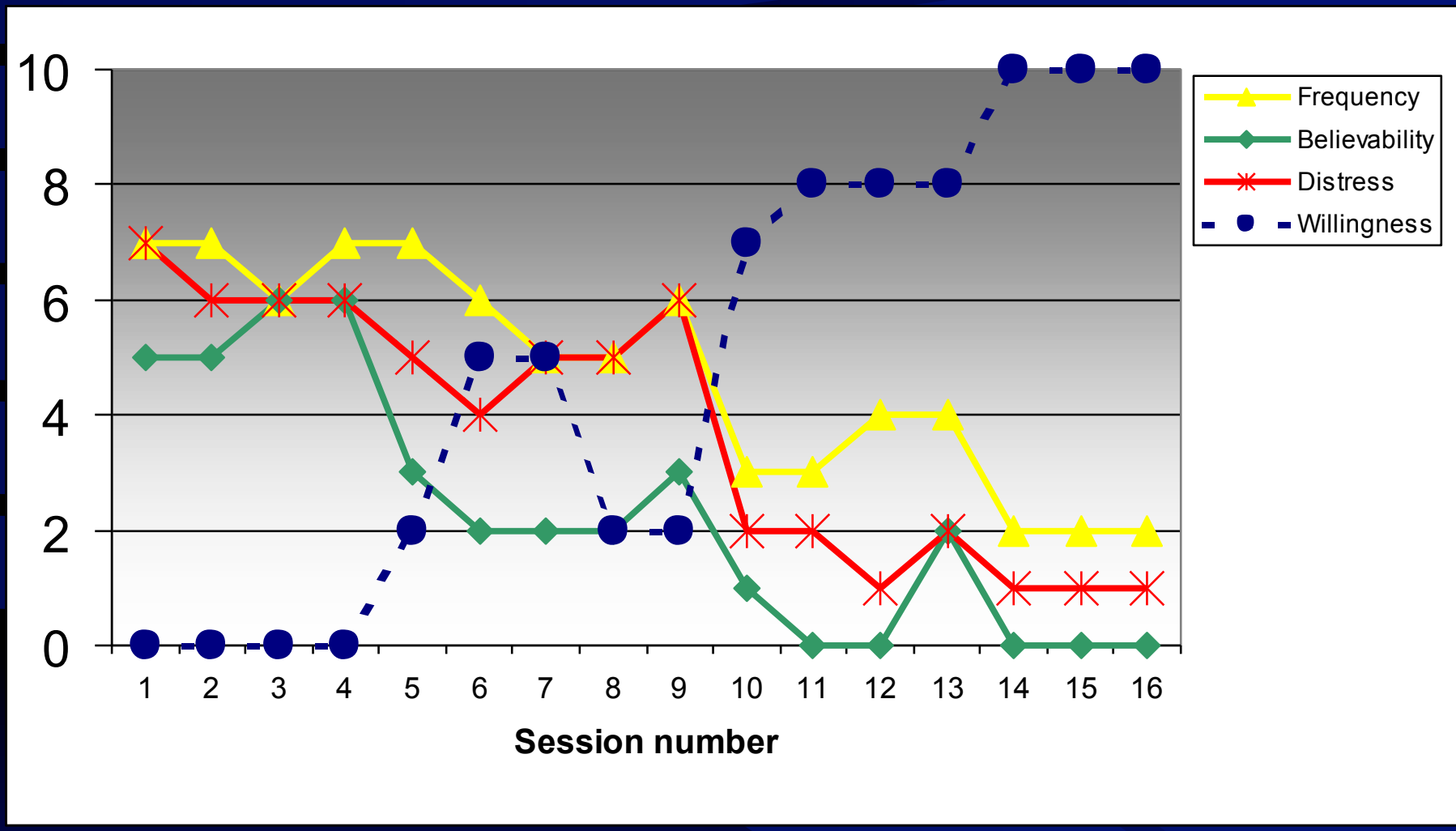
"Trains at Waterloo Station"

  - 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