ACT for distressed voice hearers: a multi-baseline study

Preliminary Results

Eric Morris, Emmanuelle Peters & Philippa Garety
Background

• Two RCTs demonstrate efficacy of brief ACT for psychosis (Bach & Hayes, 2002; Gaudiano & Herbert, 2006)

• There is also support for longer ACTp, up to 10 sessions (White et al., submitted)

• Voice hearers’ who use more acceptance and mindfulness report:
  – less distress,
  – voices seen as less powerful,
  – A greater sense of autonomy with their actions
  (Shawyer et al, 2007, Morris et al., submitted)
Study Question

Can the processes of change theorised to underpin ACT for psychosis be:

1) measured in a small-N study, and

2) relate to outcome with voice hearers distressed/ disabled by auditory hallucinations?
Study Design
A

N = 4 (x2)

Start Baseline

End Baseline

B

Mid Therapy

End Therapy

1 – 4 Baseline Sessions (Engagement)

5 Sessions

ACT

5 Sessions

ACT
Participants
5 males, 3 females; aged 27 – 54.
- 4 White British, 4 Black/Minority Ethnic
- All unemployed: 3 in voluntary work

**Mental Health**

- Distressed/ disabled by voices > 1 year
  - Length of time hearing voices 2 – 17 years.

- **Diagnoses:** 7 SCZ-spectrum, 1 Depression with psychotic features
  - stable medication and community mental health care
  - On waiting lists for CBT
Intervention
ACT Intervention

We developed a 10 session ACT for Voices manual (mindfulness + valued action).

Adherence to ACT

- Audio-recordings of sessions were rated by an ACT expert for adherence (timeliness, presence of ACT therapist behaviours; no proscribed behaviours, ie. Verbal Challenging, cog restructuring)
- 1/7 of all sessions rated: 100% adherent.
Study Measures
Session ratings:
Voices Conviction
Preoccupation
Frequency
Autonomy
Distress
Willingness

Distress
Beck Depression Inventory
Beck Anxiety Inventory

Symptoms
Psychotic Symptoms Rating Scale – Auditory Hallucinations

Acceptance
Voices Acceptance & Action Scale
Acceptance without Judgement (KIMS)

Quality of Life
Manchester Short Assessment of Quality of Life (MANSA)

Social Functioning
Social Functioning Scale

IRAP
IRAP Development

• Implicit Relational Assessment Procedure – measures specific implicit relations with a target concept

• In this study: Acceptance/ Non-Acceptance in the context of Voices

• Coping Words (rated by ACT therapists)
  – Accept, Allow, Let Be
  – Block Out, Suppress, Resist
Data Analysis
Data Analysis Strategy

• Reliable Change Index (RCI)

• Visual Analysis

• IRAP Mean Difference
### End Baseline to End Therapy (RCI; p < .05)

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<th>Participant</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Quality of Life</th>
<th>Acceptance w/o Judgement</th>
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Depression, Anxiety, QoL Across Phases (N=8)
Acceptance across Phases (N = 8)
Social Functioning 1 (N=8)

- **Baseline Start**
- **Baseline End**
- **Mid Therapy**
- **End Therapy**

Legend:
- **Yellow** - Withdrawal
- **Green** - Interaction
- **Pink** - Prosocial
Social Functioning 2 (N=8)

- Baseline Start
- Baseline End
- Mid Therapy
- End Therapy

- Recreational Activities
- Independence (Competence)
- Independence (Performance)
IRAP

Calculations
MEAN Non-Acceptance Relations (Consistent Trials) - MEAN Acceptance Relations (Inconsistent Trials) = Mean Difference (Direction)
Mean Difference of IRAP times

![Graph showing the mean difference of IRAP times for responders and non-responders across different time points: Start Baseline, End Baseline, Mid Therapy, and End Therapy. The graph indicates a significant reduction in time for responders compared to non-responders, suggesting improved acceptance and response to therapy.](image)
“Untargeted Gains”

• Participant decided to go to an awards ceremony (#1)
• Participant decided to walk past a petrol station, on the way to the clinic, to exercise openness to his experiences (trauma cue) (#2)
• Participant engaged back in competitive chess and political activism, after long break following onset of illness. (#5)
• Participant choose to take long bus journey to get to relative’s birthday party, in the face of paranoid thoughts and voices. (#6)
Implications/ Future Research

This small-N study provides support for ACT as an intervention for distressed voice hearers

Changes in distress, quality of life, and functioning, with concomitant changes in acceptance of voices, non-judgemental awareness

The IRAP may have predictive potential in identifying those who may benefit from ACT (highly speculative)

There will be advantages to using the Mixed Trial -IRAP to investigate this in future studies.