

**How to:**

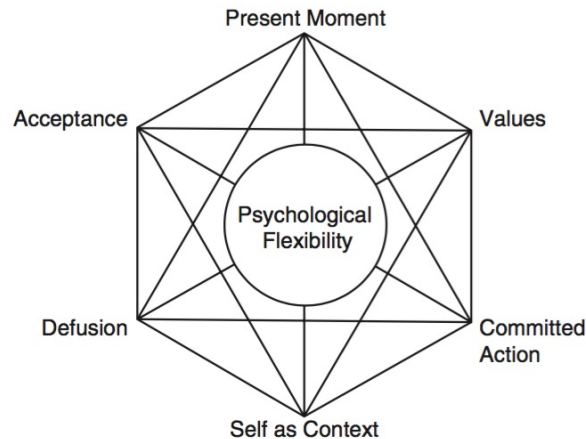
# **Run Acceptance and Commitment Therapy groups for people with psychosis**

Eric Morris  
Jacinta Clemente  
John Farhall



# What is Acceptance and Commitment Therapy?

- A contextual CBT
- Process-driven
- Trans-diagnostic



The ACT model of psychological flexibility

- **ACT aims to encourage more flexible responding** (accepting, mindful) to symptoms of psychosis and associated emotions/thoughts, **to increase values-based behaviour** (Morris, Johns & Oliver, 2013)
- Mindfulness-based interventions show promise in helping to improve wellbeing for people with psychosis (Khoury et al., 2013).

# Why ACT in Groups?

- Increasing access (delivery, training)
- Many ACT metaphors are interactive and benefit from more people
- Listening to reactions and responses of others can increase learning
- Making public commitments likely to strengthen action
- Observing others being present and willing can promote these processes in self
- Reduce stigma and increase self compassion




# South London Protocol

- **Four, 2-hour weekly sessions**
- 4-8 participants in each group, 2-3 facilitators
- Session content based around one metaphor (**Passengers on the Bus**)
- **Use of actor-video** to allow participants to approach content at their own pace
- Main components include:
  - Mindfulness / noticing exercises
  - Willingness & Defusion
  - Values clarification
  - Committed action – out of session planning



# Adapting ACT to the needs of people with psychosis

- Gentle, predictable conversational style
  - “Talky”, flexible mindfulness
  - Scaffold with a central metaphor, examples, self-disclosure
  - **Appreciation** - of the whole person
  - **Connection** - shared experience of being human
  - **Addition** - of willingness and valuing to coping
  - **Construction** - of a life worth living, today.
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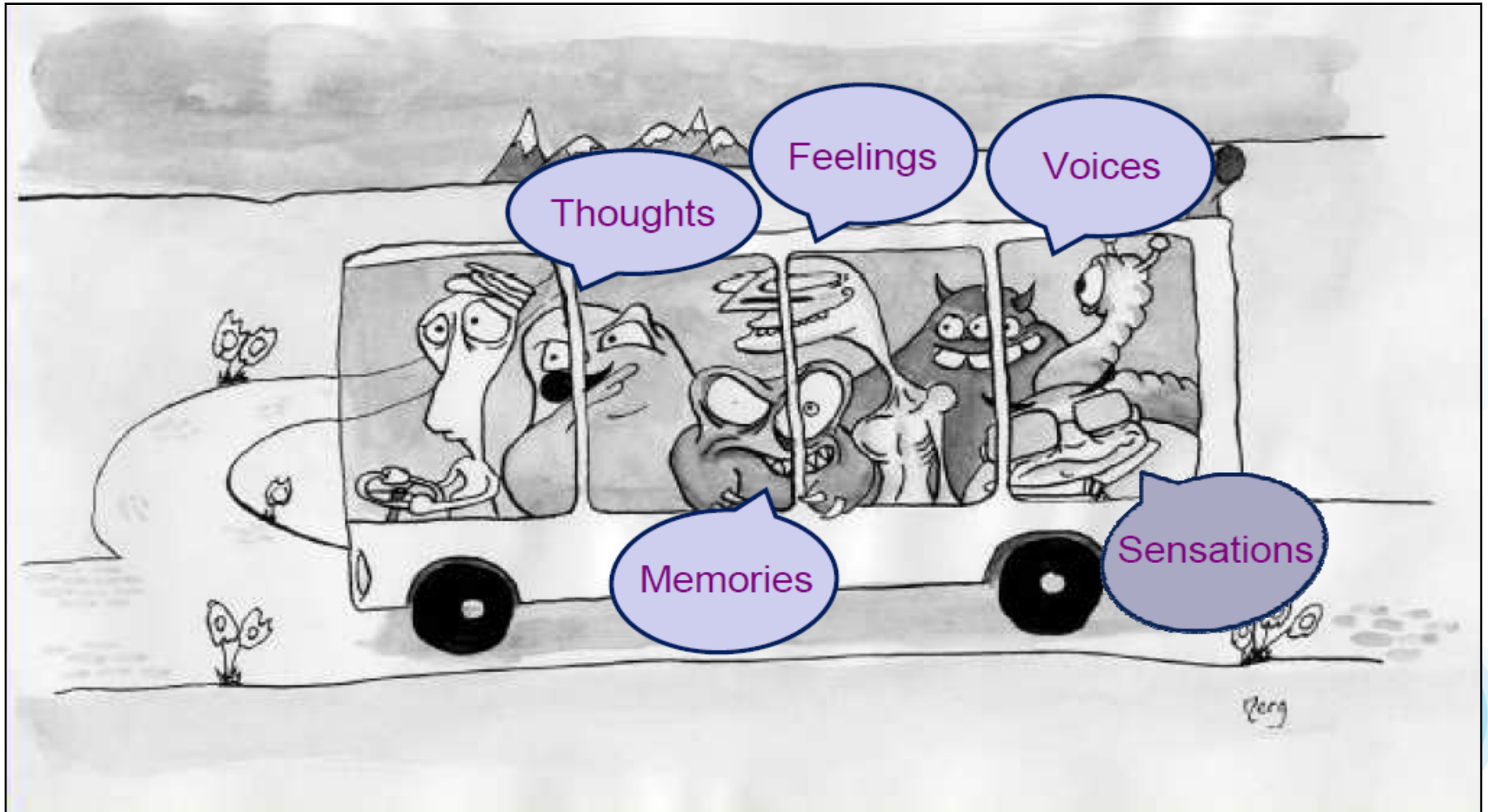
# Mindfulness/ Noticing Exercises







# Passengers on the Bus





# ACT in practice paper

Journal of Contextual Behavioral Science 5 (2016) 33–38



Contents lists available at [ScienceDirect](#)

Journal of Contextual Behavioral Science

journal homepage: [www.elsevier.com/locate/jcbs](http://www.elsevier.com/locate/jcbs)

In practice

Running acceptance and commitment therapy groups for psychosis in community settings

Lucy Butler<sup>a</sup>, Louise C. Johns<sup>b,c</sup>, Majella Byrne<sup>d</sup>, Candice Joseph<sup>e</sup>, Emma O'Donoghue<sup>f</sup>, Suzanne Jolley<sup>c</sup>, Eric M.J. Morris<sup>g</sup>, Joseph E. Oliver<sup>c,h,\*</sup>

Group Protocol:

[drericmorris.com/resources](http://drericmorris.com/resources)

# Group ACT for Psychosis

Evaluations of a group based ACT intervention for people with psychosis and their caregivers

- Are the groups feasible and acceptable?
- Do the interventions promote well-being & recovery?
- What processes mediate any change?



# ACT for Life Study

J. Behav. Ther. & Exp. Psychiat. 50 (2016) 257–263



ELSEVIER

Contents lists available at ScienceDirect

## Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: [www.elsevier.com/locate/jbtep](http://www.elsevier.com/locate/jbtep)



### The feasibility and acceptability of a brief Acceptance and Commitment Therapy (ACT) group intervention for people with psychosis: The 'ACT for life' study


Louise C. Johns<sup>a, b, \*, 1</sup>, Joseph E. Oliver<sup>b, c</sup>, Mizanur Khondoker<sup>d, e</sup>, Majella Byrne<sup>f</sup>,  
Suzanne Jolley<sup>b</sup>, Til Wykes<sup>b, g</sup>, Candice Joseph<sup>b, 2</sup>, Lucy Butler<sup>b</sup>, Thomas Craig<sup>a, h</sup>,  
Eric M.J. Morris<sup>b, i</sup>



# ACT for Life Study (Johns et al., 2016)

- N= 69 (early or established psychosis)    Baseline-control design
- 4 week ACT group ;    Measures pre, post , 3-month follow-up

## Main Findings

- **Participants found the intervention acceptable**, with high satisfaction ratings
  - **Group ACT improved *relationship with experiences***, maintained at follow-up
    - Reduced cognitive fusion and experiential avoidance
    - Increased mindfulness
  - **Significant improvements in mood and daily functioning at follow-up**
    - Reduced anxiety and depression
    - Less interference by problems
    - Greater success at living important values
- 

# ACT for Recovery

A vintage yellow and red school bus is driving down a road towards the viewer. The sky is a mix of orange, yellow, and blue, suggesting a sunset or sunrise. The bus is a classic model with a large front grille and a rounded roof. The road is paved and has a white line on the side.


A little further down the road....

Acceptance and Commitment Therapy

- a model for all? Focus on wellbeing & functioning
- involve peer group facilitators
- help service users **and** carers
- have an “ice-breaker” intro to groups
- have 2 booster sessions

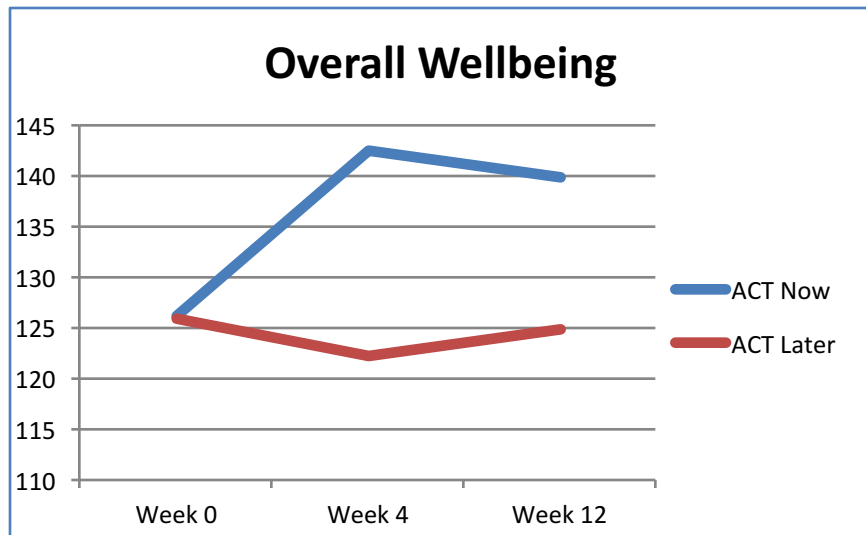
# ACT for Recovery Study

Trial Coordinator: Emma O'Donoghue

1. RCT of ACT workshops for people with established psychosis and their caregivers
  2. Assess feasibility, outcomes, cost effectiveness and impact on service use
  3. Assess the feasibility of training service user co-facilitators and frontline mental health staff to deliver the intervention
- 



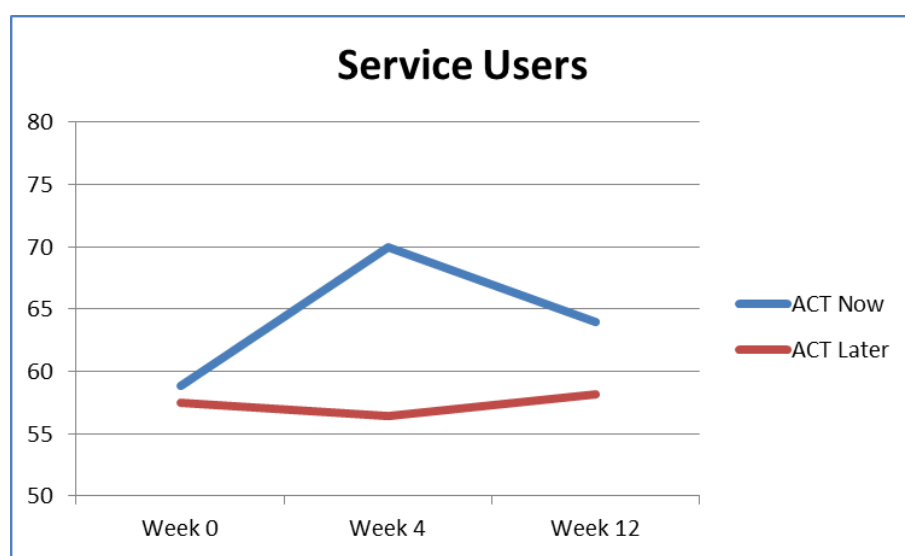
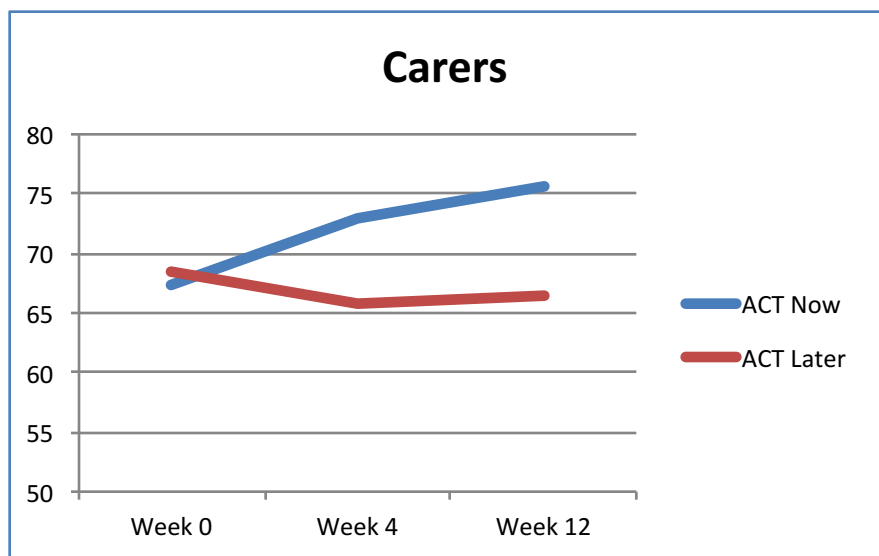
# Main Outcome - Wellbeing



## Findings:

- Significant treatment effect, using a linear mixed model
- Coeff=8.0,  $p < 0.001$ , 95% CI 3.8-12.3
- Between groups ES=0.6 at 4 weeks
- ES=0.4 at 12-week follow-up

(Jolley, Johns et al., submitted)



And now in Melbourne...

# ACT for Recovery within NAMHS

- Initiated by local psychologists
- Planned and supported by a team comprising:
  - The initiator (Eliot Goldstone)
  - Potential group leaders (Corina Ly, Jesse Gates, Jacinta Clemente)
  - ACT and research resource people (John Farhall, Eric Morris)
- The team
  - Considered the best format for our services
  - Adapted the ACT for Recovery Group Protocol (O'Donoghue, Oliver, Morris, Johns, Jolley & Butler, 2013).
  - Practiced leading the activities and using the slides
  - Planned and problem solved practicalities of implementation
- The research bods
  - Advised and supported evaluation design and Ethics (QA) approvals

# ACT for Recovery within NAMHS

- Group participants comprised current consumers of  
NAMHS Integrated Community Teams covering Darebin &  
Whittlesea catchment areas.
- 2 groups run across NAMHS
  - North Team- November 2015
  - Hotham St -May 2016
- 2 facilitators per group.
- Aim for 12 participants max per group.

# ACT for Recovery within NAMHS

- 7 weekly groups + 1 booster session after a month
- Each session ran for 90 minutes (including a 15min break).
- Monthly meetings prior to group commencing and whilst the group program was running to ensure ACT consistency.

# Protocol.

- All sessions included:
  - Warm up
  - Mindfulness/Noticing exercise
  - Discussion of valued actions between sessions
  - Passengers on the Bus activity (description, acting it out, video, reference to it).
  - Small group work.
  - Phone call from a facilitator between sessions.



# Outcomes

## Site 1– North Team

- Five participants attended all eight sessions
- One participant commenced full time work.

## Site 2 – Hotham Street

- Twelve participants commenced group.
- Average of eleven attended each week.
- Eight completed booster session.
- Two commenced full-time and part-time work
- Participants reported attending gym, speaking with friends more, volunteering and re-engaging with valued areas in life.

# Participants Qualitative Feedback

- Theme: Normalisation.

*"I thought it was good because it highlighted I wasn't alone in battling my illness and I found some of the strategies helpful"*

*"Not alone in my problems"*

*"Hearing about other's passengers and emotions was helpful...normalisation"*

*"Good knowing there are other people [who] have these issues"*

*"I could see a lot of the same experiences I have, reflected in theirs and that helped me to see what I experience on a more objective level"*

# Participant Qualitative Feedback

- Theme: Qualitative Changes – Increased self awareness, understanding of symptoms, change in motivation

*"Helped recognise how stuck I was, wasting my energy [before]"*

*"I am more aware and able to accept what's happened, let go and move on"*

*"It gave me hope to think that you can reach your goals despite all the thoughts and feelings that you carry along with you"*

*"[The group] gave me a different perspective about how to view and manage my anxiety."*

*"Motivation to persist, not give up hope"*

# Participant Feedback

- Theme – Engaging in valued action.

*"To learn that I wasn't alone, that I wasn't the only one that was scared... I feel more comfortable to go out more, talk to people and socialise. I do more things now."*

*"I started doing volunteer work – gardening"*

*"I enjoyed the weekly goals because they were benchmarks against which I could see [myself] taking small steps towards values"*

*"Makes life feel more normal by increasing valued action"*

*"I have been working on a number of projects.. goal setting has been a big part of what I got from the group"*

# Facilitator Feedback

*"It was very rewarding to facilitate group"*

*"Participants engaged with the group content and developed a sense of agency to do what was important despite their symptoms"*

*"One of the clients said I feel free for the first time in a long time'; It was refreshing to observe that these clients could get to this space by using internal coping strategies learnt in the group. Running the group was both challenging and powerful."*

# Establishing Groups within the Service

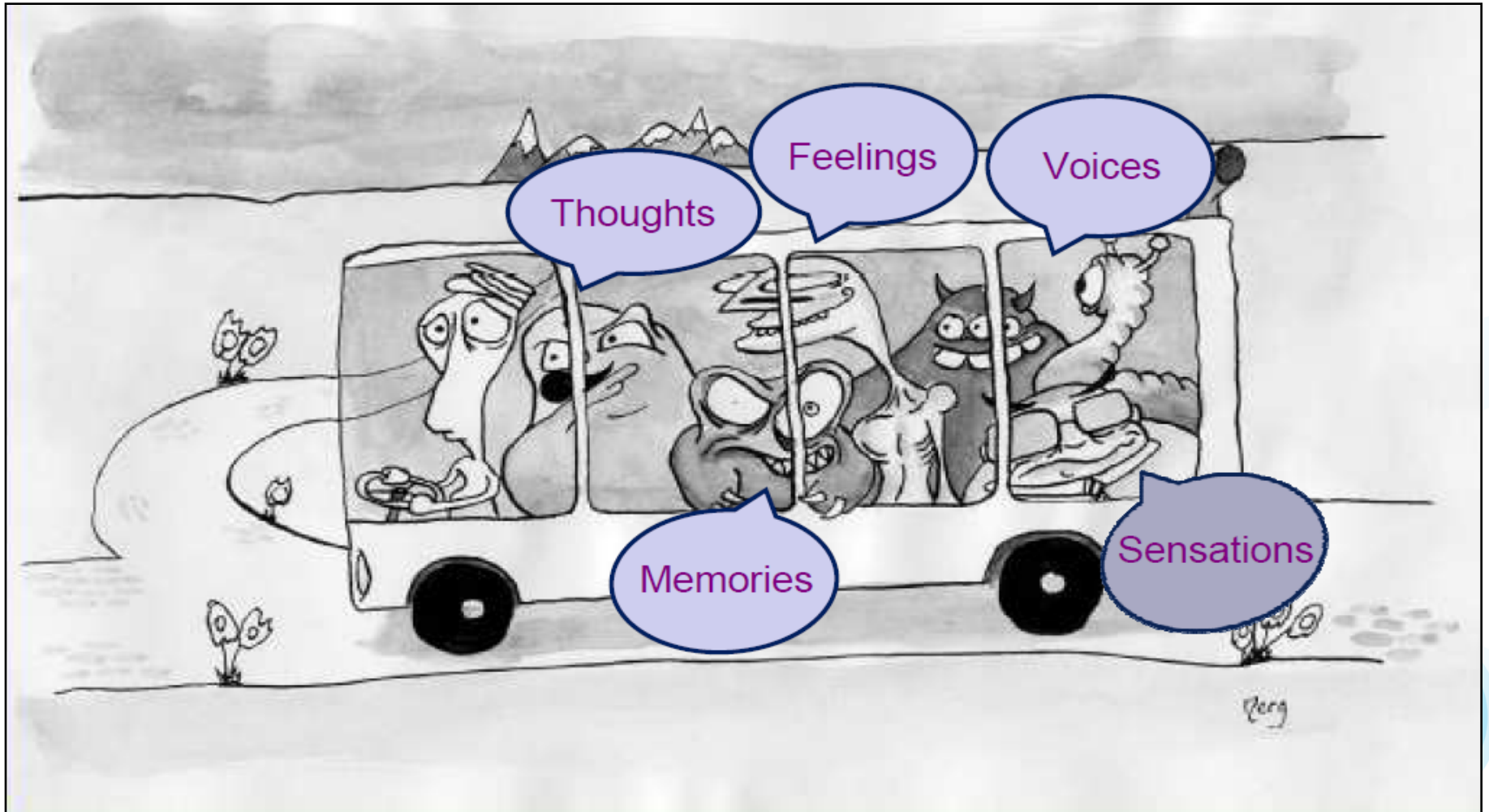
- Support from managers.
- Groups held at sites within the service to keep cost to a minimum.
- Information sessions held at each site to increase understanding of ACT principles for Key Clinicians and generate referrals.
- Pre-group interviews with participants to:
  - Build rapport and engagement.
  - Establish level of motivation & problems solve barriers to attending the group.
  - Complete pre-group questionnaires.



# Where to from here:

- Analysis of research evaluation data
  - Participants completed pre-post group assessments
    - Acceptance and Action Questionnaire
    - Cognitive Fusion Questionnaire
    - Clinical Outcomes in Routine Evaluation
    - Process of Recovery Questionnaire
    - Valuing Questionnaire
    - South Hampton Mindfulness Questionnaire
    - Aberrant Salience Inventory - Clinical State
    - PSYRATS Auditory Hallucinations/Delusions
- Commence Round 2 at North Team site, soon followed by Hotham Street in early 2017.

# Passengers on the Bus



# Introducing “Passengers...”

- Telling the story
- Using cartoons, images, videos
- Physicalising and acting out the metaphor

# Passengers - animation



**Hijacked** – mindlessly follow what ever comes to mind. Automatic, subtle, habit

**Struggle** – avoid, change, get rid of  
Passengers love to struggle and fight!

# Paula's Story



An actor with lived experience presents a 1<sup>st</sup> person vignette

The story has elements of:

- Struggle with experiences
- Personal values

We share a story of a person struggling, while recovering from an episode of psychosis

Paula describes feeling suspicious and anxious of surveillance at work, engaging in avoidance to keep herself safe, experiencing a relationship break-up and financial problems, and having concerns that her food could be tampered with.



# Acting out “passengers...”



# Potential challenges for POB demonstration.

- Participation
- Identifying value and/or passengers.
- Unruly passengers.
- Differentiating the response styles
  - Which was most helpful?
- Accessing emotional experience.
- Others?

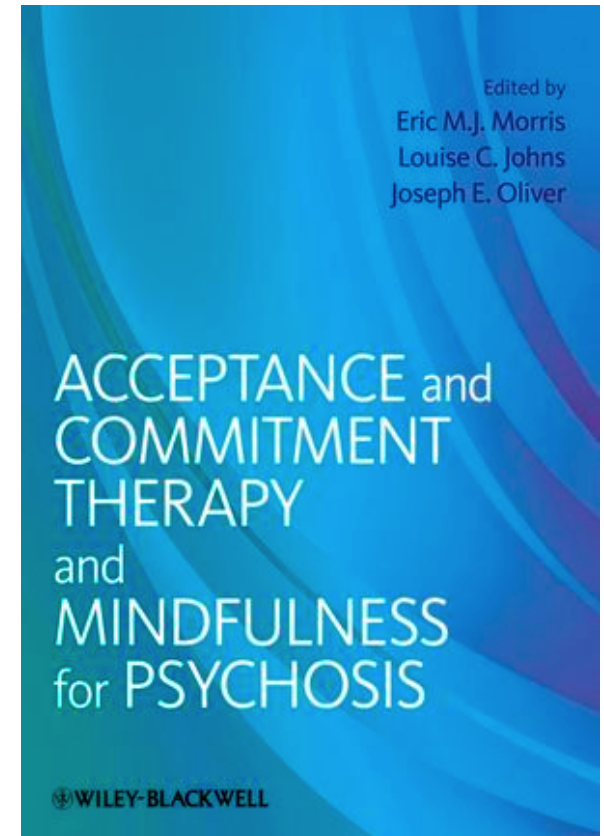
# Further resources

- Group Protocol & Passengers Animation  
<http://drericmorris.com/resources/>
- How to run Passengers as a Group Exercise  
<http://tinyurl.com/BUSVID1>

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MINDFULNESS