

ACT is based on empirically-supported principles

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- ACT is based on empirically-supported principles.
- ACT aims to reduce suffering and improve quality of life for people.
- ACT is a transdiagnostic model and the research suggests it is an efficacious implementation for many clinical concerns.

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ACT is based on empirically- supported principles

Dr. DJ Moran

Acceptance & Commitment Therapy



Based on empirically-supported principles



Aims to improve psychological flexibility



By leveraging the influence of mindfulness practice



While utilizing evidence-based, applied behavioral science

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Acceptance and Commitment Therapy is based on empirically supported principles aiming to improve psychological flexibility by leveraging the influence of mindfulness practice while using evidence-based applied behavioral science.



Based on empirically-supported principles



- Natural science framework
- Pragmatic approach
- Aims for observable behavioral change

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Let's take a look at that first clause in this definition. Based on empirically supported principles means that ACT comes from the framework of natural science with little interest in using explanatory fictions or hypothetical entities to explain observable phenomenon. ACT is a pragmatic approach aiming for observable behavioral change for people.



Based on empirically-supported principles



Functional
contextualism



Relational
frame theory

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



The therapy is based on functional contextualism which is basically a 21st century approach on B. F. Skinner's radical behaviorism. The therapy is also founded on relational frame theory which is a modern natural science approach to investigate language and cognition. Discussing functional contextualism and relational frame theories beyond the scope of our training in Demystifying ACT.





ACT interventions are rooted in solid behavioral science and aim to reduce suffering and improve quality of life.

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1998). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



But trust that ACT interventions are rooted in solid behavioral science and aim to reduce suffering and improve quality of living for people.



The effectiveness of the interventions



Depression



Psychosis



Chronic pain



Substance abuse



PTSD



OCD



Panic disorder



Social phobia

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Because of this dedication to the value of science, the ACT community has endeavored to empirically demonstrate the effectiveness of the interventions. There are over 200 randomized controlled trials showing that ACT moves the needle on important measures in the clinical world. The outcomes have been replicated and ACT has been shown to help people dealing with depression, psychosis, chronic pain, substance abuse and all sorts of anxiety disorders such as PTSD, obsessive-compulsive disorder, panic disorder and social phobia.



The effectiveness of the interventions



Fewer
mistakes at
work



Better
adjustment
in school

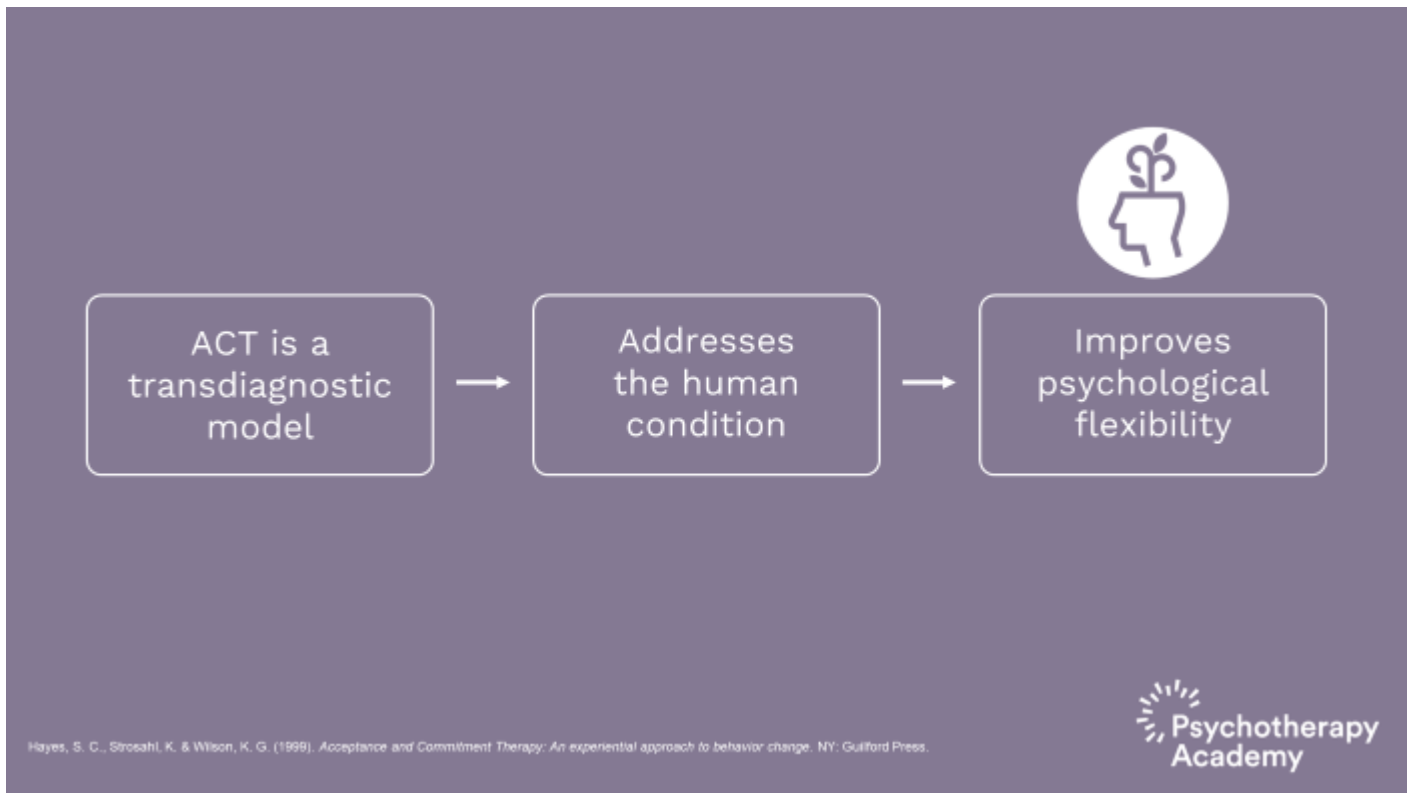


Better
performance in
sports

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



In addition, ACT works for subclinical issues such as helping people make less mistakes at the workplace, have better adjustment in school and perform better in sports.



When we look at it this way, ACT is a transdiagnostic model which means it isn't a therapeutic approach that targets one particular clinical issue. Rather, ACT helps address the human condition. ACT helps people who are suffering and we all suffer from time to time in our lives. ACT helps people who are suffering by improving people's psychological flexibility. We will discuss psychological flexibility in another module.

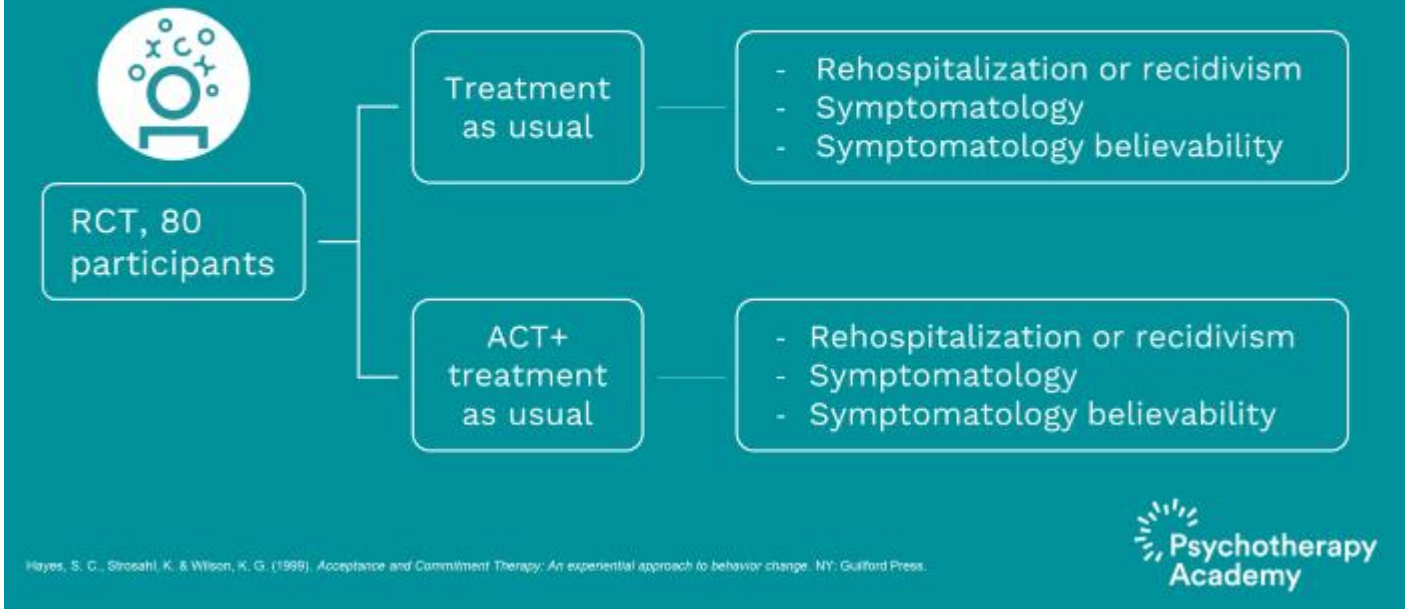
The empirical support for ACT



And for now, let's review some of the empirical support for ACT. I'm only going to talk about a fraction of the research on ACT not only to convince you that it is an efficacious intervention but also to highlight the interesting outcomes of the endeavor.

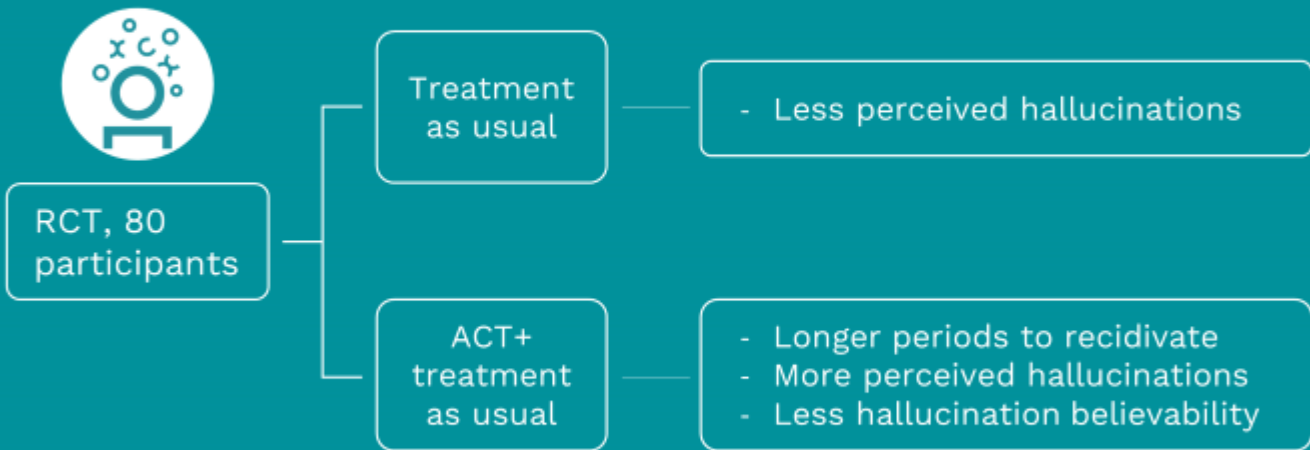


ACT for psychotic disorder



And I'm going to start with the first randomized controlled trial ever done on Acceptance and Commitment Therapy. It was Bach and Hayes 2002. Patty Bach and Steve Hayes were aiming to apply ACT to psychosis disorder. They had 80 participants and those 80 participants were randomly assigned to one of two groups. One received treatment as usual which included psychoeducation and the other received a similar set of interventions plus ACT as a supplement to the treatment as usual. Bach and Hayes took a look at three measures, a rehospitalization measure or recidivism measure, a measure of symptomatology and a measure of believability of those symptoms. To review those dependent variables, let's take another look. Rehospitalization or recidivism basically is a measure of how long is it going to take the client to come back for more help after termination. As a clinician, you've probably terminated with your clients successfully and one way to measure that is they're not coming back to see you anymore. Bach and Hayes were measuring how long is it going to take the participants on average to come back for more help. That's the recidivism or rehospitalization measure. The next measure is the measure of symptomatology basically asking, how many hallucinations and/or delusions have you had in the last week? In the third measure, how believable are they? When you're having a hallucination or a delusion, how impactful are they on your behaviors? So those are the three measures.

Results



Patty Bach and Steve Hayes made sure that all the clients received four weeks of treatment. And on the final day, that's when the clock started ticking on the recidivism measure. They counted how long is it going to take them in calendar days to come back to the hospital for more help. And what they found is the ACT group took a statistically significantly longer period of time to come back for more help when compared to the treatment as usual group. They helped them. They stayed away from the hospital for a longer period of time. And there are two other measures that they looked at. The symptomatology measure, how many hallucinations and/or delusions have you had in the last week? And what they found was that the treatment as usual group, it went down a little bit. But when they asked that to the ACT group, how many hallucinations and/or delusions have you had in the last week, the symptomatology measure was shown to go up. They actually had more symptomatology. Anybody might be worried about that. I thought that our endeavor as clinicians is to reduce symptomatology. That's the catch. Maybe ACT isn't doing that as a primary aim of the intervention because they took a look at measure 3. How believable are they? How much are you letting your hallucinations and/or delusions have an impact on your behavior? And what they found is that went down in the ACT group. People were not believing their hallucinations and/or delusions so much. That had a clinical impact.

Conclusion

- ↑ Higher symptom reporting
- ↓ Lower symptom believability



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In the article, it says and I'm quoting, "ACT participants showed significantly higher symptom reporting and lower symptom believability." And then it says in the same article quoting, "ACT participants were hospitalized at a significantly lower rate than were treatment as usual participants." So the neat thing is people are out there living their lives, doing what they want to do with their lives instead of being at the hospital. They're having hallucinations and/or delusions but they're not being influenced by them. They're accepting the human condition as it had been given to them and committing to the things that are valuable and meaningful in their lives. They were accepting mindfully their own private events but committing to the things that were important in their lives. That kind of outcome in case conceptualization can be seen throughout the ACT research and when you're doing the therapy yourself.



ACT or CBT



ACT



CBT

✓ Efficacious
intervention
for anxiety

- Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.
- Avdagic, E., Morrissey, S. A., & Boschian, M. J. (2014). A randomised controlled trial of acceptance and commitment therapy and cognitive-behaviour therapy for generalised anxiety disorder. *Behaviour Change*, 31(2), 110-130.



We can look at another article, Avdagic and others 2014 where they compared a six-week intervention of ACT or CBT. They found significant improvements for both conditions and found that “in relation to worrying, at treatment completion, 78.9% of participants in the ACT group achieved reliable change compared to 47.4% of the participants in the CBT group.” In the long run, both groups had equivalent change rates at the followup. But the point is that ACT is an efficacious intervention for anxiety.



Other studies on depression



ACT



CBT

Reductions in depressive symptoms and
improvement in quality of life

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Furthermore, in another clinical domain, researchers applying ACT to depression compared the intervention to CBT and found that “patients in both conditions reported significant and large reductions in depressive symptoms and improvement in quality of life from before to after treatment as well as at followup.” There are over 200 randomized controlled trials supporting ACT and going through all of them would be beyond the scope of this training.





ACT's focus on improving psychological flexibility is a major influence

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But realize that ACT's focus on improving psychological flexibility for clients is a major influence on these outcomes. So let's talk about that fairly new construct in this next module.



Key Points

- ACT is based on empirically supported principles.
- Aims to reduce suffering and improve quality of life.
- It is a transdiagnostic model and an efficacious implementation for many clinical concerns.



ACT is based on empirically supported principles. ACT aims to reduce suffering and improve quality of living for people. And ACT is a transdiagnostic model and the research suggests it is an efficacious implementation for many clinical concerns.

