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Current Opinion in Psychology

# One-day acceptance and commitment training workshops in medical populations

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Chronic medical illnesses often require a high level of self-management, which can be challenging, particularly over extended periods. The challenge is accentuated by comorbid depression or anxiety, which interfere with motivation and drive. Acceptance and Commitment Therapy is an empirically based behavioral intervention aimed at helping individuals develop greater *psychological flexibility* in the face of life's challenges. It provides a unified model of behavior change and has shown promise in treating depression and anxiety, as well as chronic medical conditions. Importantly, Acceptance and Commitment Therapy has been effectively implemented in various formats, including one-day group workshops, well-suited for dissemination into medical settings. The purpose of this review is to provide an overview of studies of one-day group workshops in medical populations and suggest future directions for further development of this promising area.

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**Current Opinion in Psychology** 2015, **2**:38–42

This review comes from a themed issue on **Third wave behavioural therapies**

Edited by **Kevin E Vowles**

For a complete overview see the Issue and the Editorial

Available online 11th February 2015

http://dx.doi.org/10.1016/j.copsyc.2015.01.018



Chronic medical illnesses often require active participation in one's care, making significant changes to one's lifestyle (e.g. eating healthfully, exercising regularly, self-monitoring of blood glucose), and adhering to treatment recommendations that might be challenging, particularly over extended periods. These factors become even more difficult to meet with co-occurring depression or anxiety, which interfere with motivation and drive [1]. Ten to 20% of patients with chronic medical conditions also suffer from major depressive or anxiety disorders [2–4]. Notably, the causal relationship between medical and psychiatric conditions may well be bidirectional; and their comorbidity adversely impacts quality of life and prognosis and is associated with shortened life expectancy [5]. Furthermore, the way one copes with chronic illness and associated stress appears to also have important long-term effects [6]. Specifically, cognitive and behavioral avoidant coping strategies, such as avoiding reminders related to the medical condition, using distraction techniques, mental disengagement, and denial [7], have all been associated with poorer psychological and health outcomes [8,9]. Conversely, interventions thought to counter avoidance and encourage engagement in important activities improve health outcomes [10–12].

Over the past 25 years, a new direction in behavior therapy has emerged, seeking to counter avoidance with *mindfulness, acceptance, and behavioral-change strategies* [13]. Acceptance and Commitment Therapy (ACT) is one of these novel modalities [14]. It provides a unified model of behavior change, designed to foster greater *psychological flexibility* in the face of life's challenges. As a result, ACT goes beyond any one condition (i.e. transdiagnostic), serving to treat psychological difficulties ranging from psychosis to depression. Moreover, because the core psychological and behavioral factors targeted by ACT are also relevant to medical illnesses [15], ACT has further been successfully applied to addressing behavioral issues associated with such conditions as diabetes mellitus and chronic pain, among others [16]. Several meta-analyses have shown that ACT is effective for treating a wide variety of problems, with generally medium effect sizes compared with treatment as usual (TAU), but with large effect sizes compared with wait-list controls [17–19]. ACT also compares favorably with active interventions [20]. Preliminary findings from moderation analyses further suggest that ACT may be well-suited for individuals suffering from comorbid medical and psychiatric conditions [21]. It is possible that common mechanisms of change targeted in ACT work in parallel in treating individuals with a variety of psychological conditions and major stressors, including serious medical illness.

To foster greater psychological flexibility, ACT focuses on helping people pursue valued goals and directions, with painful emotions, troubling thoughts, and strong motivation to escape or avoid them. ACT promotes psychological flexibility by encouraging individuals to, remain flexibly and purposefully in the present moment by being mindful of thoughts, feelings, bodily sensations, and action potentials, including during distressing experiences; enhance

their perspective on thinking and feeling such that difficult thoughts and feelings do not automatically occasion avoidance behaviors; identify their fundamental hopes, values, and goals (e.g. being there for one's family, leading a collaborative life, etc.); cultivate the habit of committing to doing things in line with their identified hopes, values, and goals; and willingly accept the unwanted feelings inevitably elicited by taking difficult actions, particularly those consistent with their hopes, values, and goals. ACT views each of these as psychological skills that can be enhanced in any domain of living. Thus, ACT has broad applicability, including for comorbid medical and psychiatric conditions and even subsyndromal concerns, with the primary goal of optimizing active engagement in one's own life. Thus, although symptom improvement is not the explicit goal of ACT, it often follows [18].

## Brief ACT workshops

ACT has been effectively implemented in many treatment-delivery formats, including one-day group workshops [16]. This flexibility allows focus to be placed on how best to package and deliver an intervention to meet the needs of the patient population, to ensure treatment adherence, and also to increase chances of dissemination into clinical settings. Implementing a one-day ACT workshop in a primary care setting provides broad access and unitary comprehensive care for comorbid medical and psychiatric conditions [22]. Presenting the treatment as a 'workshop' rather than 'therapy' is also better suited for primary care settings, where patients often have different expectations from those explicitly seeking mental health care [23]. For example, patients in these settings often do not spontaneously report their distress, psychiatric symptoms, and functional impairment to their healthcare providers. This may be explained by a variety of reasons, including worry that the medical condition will not be addressed as seriously, concerns about stigma, or lack of recognition of the negative impact mental distress has on overall health, in general, and on chronic medical conditions in particular [24].

A one-day workshop also ensures treatment adherence and completion, the lack of which is often the greatest obstacle to effective delivery of mental health services. In fact, a meta-analysis of 125 studies of outpatient psychotherapy found that 50% of patients terminate study participation prematurely, with nearly 40% dropping out after only the first or second visit [25,26]. Finally, a one-day workshop may be particularly useful for patients with barriers to accessing care, a significant challenge in the United States, where one fourth of the population live in rural areas [6]. In the last 10 years, several one-day ACT studies have targeted patients with chronic medical conditions. An overview of some of these studies and the results follow.

## Diabetes

The first one-day ACT study enrolled patients with diabetes. A unique feature of diabetes is that its management is nearly completely carried out by the patients, rather than by healthcare professionals. Good self-management is related to lower hemoglobin $A_{1C}$ (HbA1c) levels and, consequently, decreased likelihood of developing diabetes-related complications. However, only a third of adults in the United States with type 2 diabetes achieve glucose levels in the appropriate range. This is largely attributable to psychological factors, such as stress and motivation problems, as well as other behavioral factors. In a one-day workshop, Gregg and colleagues randomized 81 patients with type 2 diabetes to either seven hours of diabetes education or four hours of education plus three hours of ACT [27]. Patients in the ACT group learned about how avoidance coping, particularly avoidance of negatively evaluated thoughts and feelings about diabetes (e.g. trying to forget that one has diabetes) may interfere with effective self-management. Patients were taught instead to 'make room' for thoughts and feelings about having diabetes while living in a manner consistent with their values. Helping participants clarify their values was a key component of the intervention.

Three months after the intervention, patients who had received the combined intervention exhibited lower blood glucose levels, better diabetes self-care, and higher levels of diabetes-related acceptance. Notably, acceptance and improved self-care behaviors mediated the relationship between group assignment and blood glucose.

## Migraine

Patients with migraine also have rates of depression significantly above those in the general population [28]. They also exhibit more avoidance behaviors than healthy controls. Moreover, those with lower levels of acceptance report more pain-related interference and disengagement from activities [29,30]. In a one-day intervention by Dindo *et al.*, 45 patients with comorbid depression and migraine were assigned to five-hour ACT combined with a one-hour Migraine Education workshop (ACT-ED; $n = 31$) or to treatment as usual ($n = 14$) [31,32]. The ACT-ED intervention did not focus directly on the noxious physical experiences of migraine (e.g. physical sensations of throbbing headache, nausea, etc.) but instead on the reactions to them, which include thoughts (e.g. this is awful, I can't bear this, not again), feelings (e.g. shame, worthlessness, hopelessness), and behaviors (e.g. avoidance of activities), which impact mental health and functioning. That is, patients were encouraged to identify their values and goals, provided with tools on how to (re)engage in meaningful life activities, and taught new ways to respond to thoughts and feelings related to pain (e.g. acceptance and mindfulness). At the 3-month follow up, participants in the ACT-ED condition exhibited