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

In practice

Running acceptance and commitment therapy groups for psychosis in community settings

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

[a] Salomons Centre for Applied Psychology Canterbury Christ Church University, Kent, UK
[b] Department of Psychiatry, University of Oxford, UK
[c] King's College London, Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, London, UK
[d] King's College London, Department of Psychosis Studies, Institute of Psychiatry, Psychology & Neuroscience, London, UK
[e] School of Psychology, University of East London, UK
[f] South London & Maudsley NHS Foundation Trust, London, UK King's College London, Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, London, UK
[g] School of Psychology and Public Health, La Trobe University, Melbourne, Australia
[h] Camden & Islington NHS Foundation Trust, London, UK

ARTICLE INFO

Article history:
Received 30 October 2013
Received in revised form
28 October 2015
Accepted 2 December 2015

Keywords:
Acceptance
ACT
Psychosis
Community
Group
Therapy

ABSTRACT

In this paper, we discuss the practice implications of our group Acceptance and Commitment Therapy for psychosis (ACTp) evaluations, in terms of the adaptations required to ACT interventions for group implementation in routine services for people with psychosis. ACTp shows promise as a brief individual intervention for people with psychosis to improve recovery, reduce future relapse, and reduce healthcare costs. Outcomes for group ACT interventions for non-psychotic severe mental illnesses support the potential for further cost-savings, through group delivery, and two recent trials suggest that adapting group ACT interventions to suit people with psychosis is both feasible and clinically effective. Trials were run from 2010–2014, and included people with psychosis and caregivers. Qualitative feedback was collected from group participants and service user co-facilitators. Based on this experience, we recommend psychosis-specific content for group interventions, and highlight process considerations to accommodate the particular needs of people with psychosis and their caregivers. With these adaptations, group ACTp can be feasible, acceptable, and effective as a routine frontline intervention in services for people with psychosis, however; this work is in the preliminary stages and further research is needed to consolidate the evidence base.

1. Introduction

Psychosis is considered a burdensome condition, in terms of its personal impact on sufferers, the impact on family and significant others, and the broader societal costs of care (Andrews, Knapp, McCrone, Parsonage, & Trachtenberg, 2012; Whiteford et al., 2013). Medication is the first line treatment and is helpful, but many report that distressing psychotic symptoms persist despite adhering to a recommended regime, and others prefer not to take medication (NICE, 2014; Burns, Erickson & Brenner, 2014; Morrison et al., 2014). Cognitive behavioural therapy adapted for people with psychosis (CBTp), is internationally recommended as an adjunct to medication (Gaebel, Riesbeck, & Wobrock, 2011), but its availability is severely limited (The Schizophrenia Commission, 2012; Haddock et al., 2014). Obstacles to increasing delivery include the high cost of training the workforce in the range of CBT competences required for effective delivery (Roth and Pilling, 2013; Shafran et al., 2009). Despite strong evidence for cost-effectiveness, service priorities also limit delivery: sixteen or more hours of individual therapy continues to be viewed as a "luxury" that is not be prioritised for funding (MIND, 2010, 2013). Brief and group CBTp interventions have the potential to improve both dissemination and access, but the evidence base remains limited, with a modular focus on particular symptom presentations, requiring serial treatments, rather than psychosis more broadly, restricting their applicability outside the research setting (NICE, 2014; Waller et al., 2013a, 2013b; Freeman et al., 2015; Moritz et al., 2014).

Contemporary, contextual cognitive behavioural therapies, such as Acceptance and Commitment Therapy (ACT), have an

* Corresponding author at: Camden & Islington NHS Foundation Trust, London, UK.
E-mail address: Joseph.oliver@candi.nhs.uk (J.E. Oliver).

http://dx.doi.org/10.1016/j.jcbs.2015.12.001

emerging evidence base as an individual therapy to promote recovery from psychosis (Ost, 2014; Bach & Hayes, 2002; Farhall et al., 2013; Gaudiano & Herbert, 2006; Shawyer et al., 2012; White et al., 2011). The evidence base suggests both equivalent clinical effects and cost effectiveness for ACT interventions based on shorter protocols compared to traditional CBTp, with broad, and often transdiagnostic inclusion criteria that fit them well to frontline implementation (Bach et al., 2012; Ost, 2014).

ACT aims to promote effective management of psychological distress as a transdiagnostic phenomenon, by increasing psychological flexibility, in order to facilitate meaningful steps towards chosen life values (Morris, Johns & Oliver, 2013). Psychologically flexible responses are characterised by acceptance, mindful awareness, defusion, and values-based behavioural activation, in contrast to less helpful approaches to managing distress, such as suppression of distressing experiences and behavioural and emotional avoidance (Morris et al., 2013).

In ACT for psychosis, treatment is focused on managing the distress and disability associated with the condition, usually persisting psychotic symptoms. Importantly, given the heterogeneity of presentations within clinical psychosis, experimental studies demonstrate a clear relationship between greater impact of psychotic symptoms and psychologically inflexible responding (Udachina et al., 2009; Oliver, O'Connor, Jose, McLachlan, & Peters, 2011; Vilardaga, Hayes, Atkins, Bresee, & Kambiz, 2013; Morris, Garety, & Peters, 2014). Moreover, ACTp has been shown to achieve change specifically by increasing psychological flexibility (White et al., 2011; Gaudiano, Herbert, & Hayes, 2010; Bach, Gaudiano, Hayes, & Herbert, 2012; Bacon, Farhall & Fossey, 2014). This means that the key psychological processes targeted in therapy, and the main strategies for therapists to learn, can be clearly and succinctly specified, and yet still have wide applicability in routine care. Hence, therapy, and therapist training, can be briefer, compared to both traditional, generic CBTp approaches, and the required range of modular, symptom-specific innovations.

The transdiagnostic model of ACT lends itself well to application in a group format (Walser & Pistorello, 2004), and group ACT interventions have been trialled in the workplace (Flaxman & Bond, 2010); in physical healthcare / medical settings (Dahl, Wilson, & Nilsson, 2004); and in community mental health services for people with serious (non-psychotic) mental illness (Clarke, Kingston, James, Bolderston & Remington, 2014). For people with psychosis, group interventions can be particularly valuable, affording opportunities for normalising experiences, for gaining peer support, and for the facilitation of perspective-taking skills, to augment specific therapeutic strategies (Ruddle, Mason, & Wykes, 2011; Abba, Chadwick, & Stevenson, 2008; Dannahy et al., 2011; Jacobsen, Morris, Johns, & Hodkinson, 2011).

Our research group has recently completed two evaluations of the effectiveness of ACT as a group intervention for psychosis. The first, the 'ACT for Life' study (Johns, et al., 2015), was a feasibility study of a group ACTp intervention. A total of 89 participants were recruited and outcomes demonstrated significant increases in mood and functioning from baseline to follow up. The second evaluation built on the 'ACT for Life' study, employing a randomised controlled design to test the effectiveness of the same intervention for both service users and caregivers (Jolley, Johns et al., submitted; ISRCTN: 68540929). A total of 51 service users and 52 caregivers were recruited to this study, with significant improvements for both groups on the main trial outcome of wellbeing. The purpose of this paper is to detail the adaptations firstly to individual ACTp to suit a group setting, and secondly to group ACT interventions to suit the context of psychosis services, in order to inform future dissemination, workforce development and implementation initiatives.

2. ACT for psychosis groups: aims, content and structure

2.1. Aims

Group ACTp aims to help people with psychosis to pursue activities with personal meaning and purpose, in line with recovery principles, and to more effectively manage the impact of distressing symptoms, rather than trying to reduce or eliminate them. By de-emphasising approaches that engender struggle or avoidance, strategies are developed that work to increase values- based actions. Key to this is normalising psychotic symptoms as part of the range of human experiences and highlighting that the response to these experiences can influence their impact on functioning. As a starting point, mindfulness skills are introduced to help participants notice their internal experiences (thoughts, emotions, bodily sensations, voices and other anomalous perceptual experiences) and to notice their habitual, automatic responses to these experiences. Particular emphasis is then placed on exploring the workability of responses that tend to narrow or restrict opportunities for values-based action.

Skills promoting openness to internal experiences are introduced as alternatives to the potentially unworkable strategies of avoidance, resistance, judgement and struggle. These skills of defusion, willingness (acceptance) and mindfulness are introduced as additional strategies that participants can employ alongside or in tandem to strategies they already use.

From the outset, values are introduced and participants are gently invited to consider what constitutes, for them as an individual, a life filled with richness, vitality and meaning. Values are positioned as a helpful and broad guide for action, in contrast to action motivated primarily by the desire to avoid unwanted experiences. Step by step, progressive plans are developed to assist participants to engage in valued actions, which are reviewed regularly within the group. Acceptance and willingness choices, together with the practice of defusion and mindfulness skills, are used to encourage and facilitate persistence with valued goals.

Given these aims for the group, we were interested in measuring both a range of outcomes, such as wellbeing, as captured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al. 2007); and processes, such as experiential avoidance, using the Acceptance and Action Questionnaire (AAQ-II, Bond et al., 2011).

2.2. Structure of sessions

Our group ACTp interventions consisted of four, two-hour weekly group sessions. Before the groups commenced, we ran a "taster" session, introducing participants to key ACT constructs and exercises, emphasising mindfulness exercises and values-based living. Participants were then asked if they would like to "opt in" to the intervention, which we found helped retention rates for subsequent sessions. When recruiting for and promoting the groups, we would recommend highlighting the workshop-style as this prepares participants for the interactive nature of the sessions that emphasise skills development.

Additionally we ran two "booster" sessions, held eight weeks after the group programme ended. The booster sessions did not introduce any new material and aimed to provide a refresher of skills taught in the main groups as well as a space for participants to reflect on any progress or difficulties encountered since the groups ended.

Workshops were facilitated by a lead therapist, competent in ACTp (EO'D, EM, JO, or LJ) accompanied by one or two co-facilitators, who were either mental health practitioners experienced in working with people with psychosis, or service user consultants. All co-facilitators attended an ACT training event designed for the