ACCEPTANCE AND COMMITMENT THERAPY FOR EARLY PSYCHOSIS: OPPORTUNITIES AND CHALLENGES

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Overview/Objectives

1. How ACT is applied to psychosis
2. Research supporting ACT for psychosis
3. Novel clinical applications of ACT for early psychosis
4. Limitations and future directions
The ACT Approach
ACT Treatment Processes

Be present
Make contact with inner experience

Open up
Make room for all thoughts and feelings without resistance

Psychological Flexibility

Do what matters
Values-guided action

ACT Treatment Processes

Be present
Make contact with inner experience (Mindfulness/Self as context)

Open up
Make room for all thoughts and feelings without resistance

Psychological Flexibility

Do what matters
Values-guided action


Slides from presentation by Friedman-Yakoobian 5/2019
ACT Treatment Processes

Open Up
Make room for all thoughts and feelings without resistance (defusion/acceptance)

Be present
Make contact with inner experience

Psychological Flexibility

Do what matters
Values-guided action


Slides from presentation by Friedman-Yakoobian 5/2019
ACT Treatment Processes

**Open up**
Make room for all thoughts and feelings without resistance

**Be present**
Make contact with inner experience

**Psychological Flexibility**

**Do what matters**
Values-guided action (values, committed action)

ACT for Psychosis
“Third Wave” Approaches for Psychosis

- Acceptance and Commitment Therapy (ACT)
- Mindfulness Meditation Groups (Chadwick)
- Mindfulness-Based Cognitive Therapy (MBCT)
- Compassion-Focused Therapy (CFT)
- Meta-Cognitive Therapy (MCT)
- Person-Based Cognitive Therapy for Distressing Psychosis (PBCT)
Common Elements of Acceptance/Mindfulness Treatments for Psychosis

- **Mindfulness**
  - Acknowledging psychotic symptoms in the moment without evaluating them as true or false

- **Acceptance/self-compassion**
  - Being willing to experience uncontrollable symptoms and showing compassion toward oneself for difficulties

- **Values**
  - Living a fuller and more desired life despite residual psychotic symptoms
Meta-Analysis of Mindfulness/Acceptance Therapies for Psychosis

13 studies
n = 468
Hedges’ g = 0.48
(medium ES)

ACT for Inpatients with Psychosis Study

- Randomized inpatients with psychotic symptoms (primary psychotic or psychotic mood disorders) to Treatment as Usual vs ACT
- Received an average of 3 individual sessions over 1 week
- N = 40 (TAU = 19 + ACT = 21)
- Sample: 80% African-American, 30% homeless, 80% receiving disability insurance
- Assessments at admission and discharge
  - Psychiatric Symptoms (Brief Psychiatric Rating Scale)
  - Disability Related to Illness (Sheehan Disability Scale)
  - Self-rated psychotic symptoms (frequency, distress, believability)
  - Rehospitalization rates (4 month follow-up)

Brief ACT for Inpatients with Psychosis

Patients were taught:

1. To accept unavoidable psychological distress
2. To simply notice psychotic symptoms without treating them as either true or false
3. To identify and work toward valued goals despite their symptoms.

*No attempt to directly change beliefs about psychotic symptoms*

Acceptance:
Tug of War with a Monster
Change in Distress Related to Hallucinations

Pre

Post

TAU

ACT
Change in Disability Related to Illness

![Graph showing change in disability related to illness with two lines representing TAU and ACT, indicating a decrease from Pre to Post.](image-url)
Clinically Significant Change in Symptoms Pre-Post

Mood Symptoms

Overall Symptoms

TAU

ACT

%
Rehospitalization Rates 4 Months Post-Discharge

N = 40, survival analysis p < .05, as reported in Bach, Gaudiano, et al. (2013)
Recent Replication of Initial Study
Rehospitalization Results

**2006 Philly Study**

N = 40, survival analysis p < .05
*As reported in Bach, Gaudiano, et al. (2013)

**2018 Providence Study**

N = 38, survival analysis p < .05
PI: Gaudiano; Grant# R34 MH097987
Early Psychosis
Early Psychosis Syndromes

First Episode Psychosis (FEP)

- Often begins in late teens/mid-20s
- 100,000 adolescents/young adults each year in the US
- High rates of:
  - relapse (80% over 5 years)
  - functional impairment (50-70%)
  - comorbid depression/anxiety (50%)
  (Linszen et al 2001; Whitehorn et al, 2002; Birchwood, 2003)

Clinical High Risk for Psychosis (CHR)

- Syndromes indicative of risk for developing psychotic illness within the next 3 years
  - 1) Attenuated positive symptoms
  - 2) Genetic risk and functional decline
  - 3) Brief intermittent psychotic symptoms
- Caution! Most will not transition into full psychotic illness in the future: false positive rate of 77% (Zachar et al., 2020)
ACT for Early Psychosis
Research on mindfulness/acceptance interventions for early psychosis

- **Li et al. (2020) and Perlini et al. (2020)**
  - Two systematic reviews of mindfulness/acceptance-based interviews for early psychosis
  - Feasible, acceptable, and potentially efficacious

- **Jansen & Morris (2017)**
  - Case series of ACT for 3 young adults with early psychosis and PTSD
  - Improvements shown over 12 weeks of treatment and follow-up

- **van Auben et al. (2020)**
  - RCT of group therapy plus mobile app intervention vs active control with early psychosis and depression (ages 16-25)
  - Greater decreases in interviewer-rated depression severity for ACT relative to control
Adapting ACT for FEP and CHR

- Adaptations focused on developmental needs of teens and young adults
  - Identifying values for first time
  - Identification and acceptance of emotion
  - Metaphors need tailoring to the person
  - Simple present moment mindfulness exercises rather than intensive meditation
ACT Pilot for Youth at CHR: EnACT (Enriched ACT)

- Michelle Friedman-Yakoobian, Ph.D. and colleagues (CEDAR Clinic)

- 11 Group Therapy Sessions
  - Adapted from ACT for Life—Oliver, Morris, Johns and Byrne (2011)
  - Psychoeducation + ACT

- Weekly Therapy Sessions (6 months)
The Miracle Question...
Making a Choice, Acting on Values

Thoughts/Feelings that Hook Me:
Work is too hard
Tired
Voices tell me I’m dumb
Depressed
Can’t deal

Oversleeping
Skipping school
Too much video games
Overeating

Completing school work
Helping a friend
Playing basketball
Taking care of my health

Harris, Bailey, Ciarrochi, Harris (2013, 2017)

Slides from presentation by Friedman-Yakoobian 5/2019
Some Brief Mindfulness Exercises

- Paying attention to breath
- Mindful eating or walking
- Body Scan
- Clap and notice how long sensation lingers
- Listening to music with full attention
- Playing with pet with full attention
Emphasizing the Psychosis Continuum

Normative range
Mild (SIPS* 1-2):
Noticeable, but not bothersome
*Reality testing intact

Clinical high risk
Moderate (SIPS* 3-5):
Bothersome and affects daily life.
*Able to induce doubt

Psychotic
High (SIPS* 6):
Significantly interferes with daily life
100% Conviction

“My old roommate wasn’t trustworthy”
“My old roommate might be watching me on my computer”
“My old roommate is spying on me and watching my every move.”

*SIPS = Structured Interview for Psychosis Risk Syndromes
Slides from presentation by Friedman-Yakoobian 5/2019
Understanding Relationship between Symptoms and Stress

Stressors: e.g., Starting college, relationship stress, lack of sleep, unhealthy eating, using energy drinks.

Factors affecting vulnerability/susceptibility:
- e.g., Close relative has mental illness, birth complications, head injury, illness when baby

Symptoms: e.g., Having trouble telling what's real and what's not.

Symptoms can boil over!

Symptom Reliever: e.g., Avoiding street drugs, regular sleep, learning skills to reduce getting hooked by sticky thoughts and feelings, exercise, spending time with supportive people, possibly taking prescribed meds

Brabban & Turkington (2002)

Slides from presentation by Friedman-Yakoobian 5/2019
Early Psychosis and Suicide

- In a prospective cohort study of 1,112 adolescents in Ireland, 7% endorsed psychotic symptoms. (Kellerer et al., 2013)
  - Those with psychotic symptoms had a $70x$ increased odds of acute suicide attempts.

- Suicide rate is $11x$ higher in patients with early psychosis compared to the general population (Dutta et al., 2010)
Adolescents Coping with Co-occurring Early Psychosis Treatment (ACCEPT)

- Shirley Yen, Ph.D. and colleagues (Massachusetts Mental Health Center and Brown University)

- 3 Months: Weekly in person sessions for the first two months, followed by a month of weekly phone calls.

- Format: At least 1 with just client, 1 with just parent and the others determined by need (e.g., jointly).

- Study Criteria:
  - Parents and adolescents/young adults (ages 14-25)
  - Youth who had recent hallucinations/delusions and suicidal ideation

American Foundation for Suicide Prevention
ACCEPT Model

Suicide: Safety Planning

ACCEPT

Family: Emotional Support and Psychoeducation

Psychosis: Acceptance and Values
My Safety Plan

Stanley & Brown (2008)

STEP 1
IDENTIFY WARNING SIGNS
What are your thoughts and behaviors?

STEP 2
IDENTIFY COPING STRATEGIES
What can you do to soothe yourself?

STEP 3
IDENTIFY SOCIAL DISTRACTIONS
List people and places

STEP 4
LIST FAMILY AND CLOSE FRIENDS
You can tell them your true feelings

STEP 5
LIST DOCTOR, THERAPIST OR AGENCY
List the name and phone number

STEP 6
MAKE YOUR ENVIRONMENT SAFE
Remove all things you can use for harm

☆ What is one person or thing that is important enough for you to stay alive?

Values
Parental Coaching

- Psychoeducation to create emotionally supportive environment:
  - Coping with stress
  - Strategies to build resilience
  - Effective communication strategies
  - Help your child label their emotions
  - Communicate empathy and understanding
  - Help problem solve
Acceptance Illustrations and Videos for Youth

Unwelcome Party Guest

Passengers on the Bus
Values Exercises for Youth

THE VALUES "BULLSEYE"

- Staying Healthy / Fit
- Staying informed about current events
- Reading Mystery Novels
- Work / Education
- Leisure
- Personal Growth / Health
- Relationships
- Marriage

WHERE YOU WANT TO BE

Acceptance
- To harbor no ill-will towards anyone else in the event of an error or mistake.

Compassion
- To stand up for what is right, even at the risk of personal consequence.

Excitement
- To stand up for what is right, even at the risk of personal consequence.

Love
- To extend love to all others, even at the risk of personal consequence.

Courage
- To extend love to all others, even at the risk of personal consequence.

Persistence
- To extend love to all others, even at the risk of personal consequence.

Values Cards
ACCEPT Open Trial (n=5)

Columbia Impairment Scale-Parent

Beck Depression Inventory-Adolescent

Suicidal Ideation Questionnaire
Considerations/Directions...

- Less research to date on ACT for FEP/CHR...more is needed!

- Intensive meditation practice contraindicated during acute psychosis
  - Modifications: eyes open and activity focused (eating, walking)

- Unclear if ACT is more or less efficacious than traditional CBT for psychosis (no head-to-head comparisons)

- Make ACT exercises more concrete, simplify, and repeat for lower functioning patients

- Need to adapt ACT in developmentally appropriate ways for adolescents/young adults
Further Readings on ACT for Psychosis

- **Acceptance and Commitment Therapy and Mindfulness for Psychosis** (Morris, Johns, & Oliver, Editors)
- **Incorporating Acceptance and Mindfulness into the Treatment of Psychosis** (Gaudiano, Editor)
- **ACT for Psychosis Recovery Manual** (O’Donoghue, Morris, Oliver, et al)
- **Treating Psychosis: Clinician Guide to Integrating ACT, CFT, and Mindfulness** (Wright, Turkington, Kelly, et al)
Questions and Discussion
(CE Survey # 42)

Thank you!

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