To meld these concepts of ACT into the consultation-liaison psychiatry (CLP) setting, we have designed and implemented a pilot program of an ACT-based training and treatment protocol in the inpatient medical setting utilizing 2 established clinical tools, a case-conceptualization tool known as the ACT Matrix (Figure 1) as well as ACT Matrix Cards.4 The ACT Matrix Cards are a set of 53 cards that were designed to facilitate brief conversations on core ACT-based behavioral skills. We believe that an adaptation of these ACT tools to the CLP setting is not only feasible but will more importantly serve as a scaffolding upon which to use the client’s underlying values and health goals to promote patient-centered care. To our knowledge, this would be the first formal ACT-informed training curriculum and practice method specifically for CLP team members.

The target population for this project consisted of adult medical inpatients with psychiatric comorbidities. Participation was voluntary; individuals were not financially compensated for their participation in the study. Individuals were eligible for the study if they were referred to the CLP service, above the age of 18, competent, nondelirious, cognitively intact, nonpsychotic, nonmanic, nonincarcerated, and capable of utilizing an electronic tablet to complete survey materials.

A total of 64 patients were approached over the 12-week study period and were offered participation. Of these patients, 24 met the eligibility criteria and engaged in the intervention. Ten participants did not complete the post intervention measures, yielding an analytic sample size of 14. Of this sample, approximately 71% were female and 43% were non-White. Participants remained in the hospital for an average of 9.8 days and received an average of 4 30-minute individual psychotherapy sessions. Participants represented a wide range of medical and psychiatric diagnoses.

Symptom scales for depression (Patient Health Questionnaire-9 [PHQ-9]), anxiety (Generalized Anxiety Disorder-7 [GAD-7]), and psychological flexibility (Acceptance and Action Questionnaire-2 [AAQ-2]) were gathered pre- and post-intervention. On average, participant PHQ-9 scores showed reduction from 11.57 (standard deviation [SD] = 5.56) to 6.93 (SD = 5.89) upon completion of the intervention \[t(13) = -2.65, P = 0.019, d = 0.80\].

GAD-7 scores showed reduction from 10.86 (SD = 6.04) to 6.07 (SD = 5.12) upon completion of the intervention \[t(13) = -3.08, P = 0.008, d = 0.85\]. AAQ-2 scores showed a significant decrease in psychological inflexibility, from 24.29 (SD = 12.56) to 17.07 (SD = 10.00) upon completion of the intervention \[t(13) = -2.28, P = 0.04, d = 0.69\].

Overall, this project suggests that ACT skills-based psychotherapy in the inpatient medical setting is conclusively feasible. Of those patients screened for eligibility, over one-third of patients were thought to be appropriate for engagement in psychotherapy with novice counseling students. Of those approached, about 60% were willing to commit to ongoing therapy sessions.
throughout their medical hospitalization and on average completed 2 hours of targeted psychotherapy. In addition, the training required to yield potentially meaningful clinical differences with this approach was minimal (i.e., 3 hour of initial training and approximately 1 hour of weekly supervision thereafter for 2 Masters of Counseling interns). This level of additional time commitment for the supervising consultation-liaison psychiatrist, although not insignificant, appears worthwhile given the correlated reduction in depressive and anxious symptoms noted above. Further, although modest, the clinically significant improvement in psychological flexibility in the study cohort suggests potential durability in the intervention to affect future coping and resiliency.

Ultimately, this initial pilot project of the integration of brief ACT-based psychotherapeutic techniques into an inpatient medical setting via an academic CLP service appears to be feasible for future implementation and further study. As a novel design, we are hopeful to encourage the application of ACT as a patient-centered care approach across various settings given its unique perspective on encouraging awareness of the present moment, acceptance of current circumstances, and engagement in patient-specific valued behaviors that promote the overall health and well-being of the individual.

**Ethical Approval:** Research procedures were approved by the university’s Institutional Review Board and conformed with the ethical guidelines set by the US Federal Policy for the Protection of Human Subjects.

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Letter to the Editor: Subjects of Interest to C-L Psychiatry

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