

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

***Acceptance and  
Commitment  
Therapy  
Integration for  
Values  
Engagement in  
Consultation-  
Liaison  
Psychiatry  
(ACTIVE CLP):  
Pilot Study for  
ACT-Based Skills  
Training in  
Medically  
Hospitalized  
Patients***



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.<sup>4</sup> 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

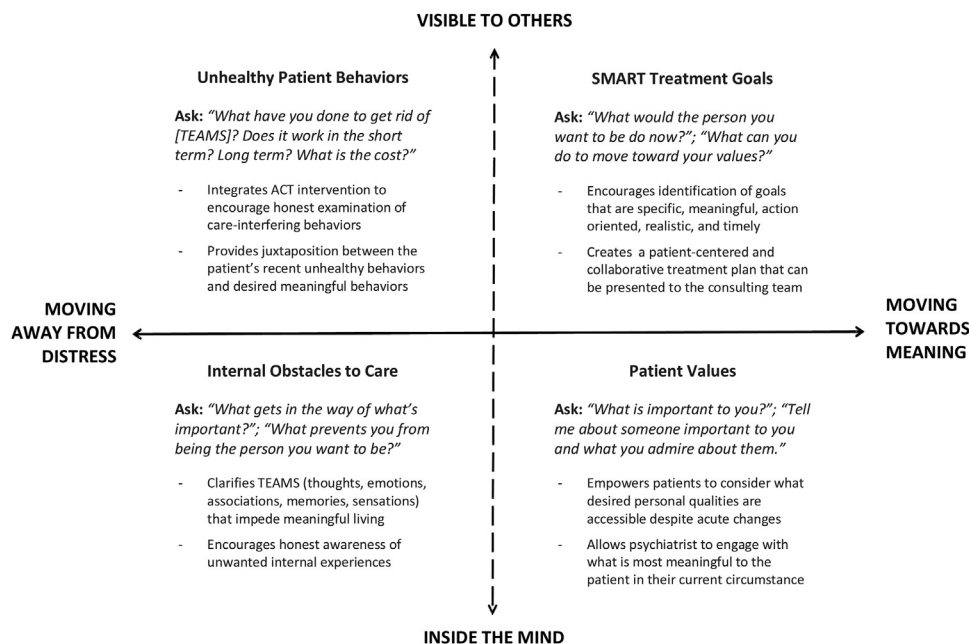
not complete the post intervention measures, yielding an analytic sample size of 14. Of this sample, approximately 71% were female and 43% were non-White. Participants remained in the hospital for an average of 9.8 days and received an average of 4 30-minute individual psychotherapy sessions. Participants 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 [ $t(13) = -2.65$ ,  $P = 0.019$ ,  $d = 0.8$ ]. 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

Despite decades of evidence to suggest its effectiveness, the medical community has been slow to adopt Acceptance and Commitment Therapy (ACT), a psychotherapy aimed at promoting meaningful behavior change through awareness of one's values and acceptance of one's circumstances and limitations.<sup>1</sup> At its core, ACT teaches the individual to divert their awareness away from "fixing the problem" and toward engagement in behavior that is in line with personal sources of meaning, a concept known as "psychological flexibility."<sup>2</sup> This approach stands to add significance to those coping with acute medical illness, as many patients report unavoidable distress due to rapid changes in their life circumstances as a direct result of hospitalization and can have difficulty in identifying durable sources of meaning.<sup>3</sup>

**FIGURE 1.** The ACT Matrix. The ACT Matrix is a pragmatic case-conceptualization tool that identifies 4 main components of ACT in order to encourage awareness of obstacles to care while also promoting values-based behavior change. The left-most quadrants represent internal obstacles to care and unhealthy behaviors that result from these experiences. The right-quadrants represent patient values, which are used to promote identification of values-based specific, measurable, attainable, realistic, timely goals. This tool can be used during the psychiatric interview and briefly with the consulting medical team during the initial consultation request to understand the medical team values. Once complete, the CLP can compare and contrast the values of the patient and treatment team, leveraging common values to create a mutually beneficial treatment plan.



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.<sup>5</sup>

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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