

FOREWORD

ACT for Psychosis: It Is Time

When people trot out statistics on the cost of mental health problems, they often fail to note that psychosis produces a large share of those costs. I'm not talking just about dollars and cents. People struggling with psychosis die at a far younger age; they are commonly in poverty; they are frequently victims of violent crime; and they have dramatically poorer overall physical health.

Meanwhile, the mental health establishment has been all too willing to accept that anti-psychotic medications are full and ready solutions to these problems, with psychosocial interventions playing only a minor and supportive role. As providers, family members, and recipients of care all increasingly realize: this approach is not working. All anti-psychotic medications have serious side effects that grow with time and dose. Some of these include metabolic problems and cardiovascular disease, which contribute to the health problems and lowered life expectancy I just noted. Because the use of anti-psychotic medications prematurely settled into a status of accepted community practice before the data were fully in, many of the needed studies on long-term effects were never done, leading to a serious hole in our knowledge base that we have yet to fill adequately. Existing medications do have a role in the care of psychotic patients, but it is more limited than current practice suggests. Medication as a form of intervention needs to be combined with evidence-based psychosocial methods.

In the last 15 years, there has been steady progress in the investigation of acceptance and commitment therapy (ACT) as a psychosocial method with broad applicability to the range of problems that emerge in intervention with psychosis. ACT is not a psychotherapy designed to eliminate the signs and symptoms of psychosis. The target of ACT is the empowerment of people to deal with life, including the presence of various experiences that may be challenging, such as hearing voices or having ideas of reference. ACT is focused on goals such as increasing quality of life or employment, staying out of the hospital, and reducing distress and entanglement with symptoms. Empowering

people to face life's challenges, however, does not just apply to recipients of care. It applies also to family members, caregivers, and professionals.

In all of these areas, the evidence in support of ACT is growing. Take rehospitalization: there are now three completely independent studies examining the impact of very brief ACT interventions for people hospitalized with psychosis, examining its impact on rehospitalization.* All of them found significant reductions of rehospitalization over four months using survival analysis. Having a larger body of evidence available across studies now allows us to ask very simple but very important questions, like “Does ACT help keep psychotic patients out of the hospital at all?” The answer, in short, is yes. Counting all missing data as bad outcomes (the most conservative possible assumption), across these studies 46% of the treatment as usual condition were rehospitalized over 4 months, as compared to 28% in the ACT condition. That is a significant difference (Fisher's exact, $p = .037$) that represents a nearly 40% drop in the rate of rehospitalization—a number sure to get the attention of both researchers and the treatment community worldwide.

That is now happening. In 2017, scientists for the National Registry of Evidence-based Programs and Practices (NREPP) of the Substance Abuse and Mental Health Services Administration of the United States examined the ACT for psychosis studies. NREPP decided to categorize acceptance and commitment therapy as “Effective” for its impact on rehospitalization. The impact of ACT was listed as “Promising” also for psychosocial disability and overall psychiatric problems.

Supportive data is not just available for outcomes, and we now know that psychological flexibility mediates the outcome of ACT for psychosis. Longitudinal and cross-sectional studies show that the theory applies to the life impact of hallucinations and delusions as well. This all suggests that something important is going on in ACT for psychosis, and after 15 years of development work, it is time to move these methods more fully into systems of care.

This book is the first to present a comprehensive and practical approach to the full range of issues involved in the treatment of psychosis using ACT. Written by some of the leading developers in the area, it contains sections on the theory underlying ACT, how its methods fit into existing systems of care, how ACT can be done in inpatient settings using peers and cofacilitators, how

* The three studies that have looked at that are Bach and Hayes (2002), Gaudiano & Herbert (2006), and Tyrberg, Carlbring, & Lundgren (2017). The first two references are in the main reference list for this book. The last reference is Tyrberg, M. J., Carlbring, P. & Lundgren, T. (2017). Brief acceptance and commitment therapy for psychotic inpatients: A randomized controlled feasibility trial in Sweden. *Nordic Psychology*, 69, 110-125. Doi: 10.1080/19012276.2016.1198271

ACT applies to caregivers and providers, and how ACT can be trained and supervised. There is no other resource available that addresses such a breadth of practical topics that systems of care need to know in order to take advantage of ACT methods.

The core of the book is the group ACT for psychosis protocol itself. Well crafted, flexible, and wise, it is a protocol that can be fitted to a wide range of practice settings, and for low cost. The protocol is designed to be deployed in a handful of sessions—a restriction that anyone working in the area knows is necessary. The sessions are described in detail, but the principles and purposes are described so that modification is not difficult. Breakdowns by time help group facilitators know if they are managing their time effectively, and the protocol offers an attention to contextual details and implementation issues that can only be learned one way: by being used.

What you have here is a method that has been refined over years of implementation, presented by experts. This is not a beta-test. This is a group protocol you can use with confidence in which most of the issues you will encounter in its use have been anticipated.

We now know that evidence-based psychosocial methods are key to reducing the human costs of psychosis. The field is looking for a new way forward. This book can help you provide just that to your agency and to the lives of those you serve.

—Steven C. Hayes
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