

Literature Review

Acceptance and Commitment Therapy (Act) in Psychotic Patient

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Abstract

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Introductions: Psychosis is a condition of severe mental disorder characterised by the presence of disability in assessing reality. Schizophrenia is the most common psychotic disorder. It is also associated with long-term disability. ACT is one of the newest psychological interventions for psychotic patients. This paper aims to describe ACT as the newest psychotherapy intervention and its advantages for psychotic patients. **Review:** The management of psychosis is a combination of the use of antipsychotics, psychotherapy, and psychosocial therapy. ACT is one of the newest psychological interventions for psychotic patients that aims to increase the patient's psychological flexibility through six core processes of therapy: acceptance, cognitive defusion, being present, self as context, value, and committed action. ACT does not target symptom reduction. Therapists help patients recognise and reduce unnecessary struggles with psychological content so that patients can develop an accepting attitude and be able to move towards the values they hold. **Conclusions:** The use of third-wave behavioural therapy based on mindfulness and acceptance showed good results in patients with psychotic disorders. ACT aims to help individuals accept things that are beyond their control and commit to actions that can improve their lives. Research on the clinical adaptation of ACT for psychosis has shown good initial results in reducing distress due to psychotic symptoms, better regulation of emotions, and reducing relapsing rates.

Keywords: Psychosis, Acceptance and Commitment Therapy, Psychological Flexibility, Mental Health

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Introductions

Psychosis is a term used to describe a severe mental disorder that is typically characterized by impairment to assess reality. It is estimated that more than 10 percent of individuals have experienced a psychotic episode in their lifetime. Schizophrenia is one of the most common psychotic disorder, estimated to be experienced by 3.5% of the general population. Schizophrenia is ranked first for psychiatric disorders that cause long term disability [1,2].

Antipsychotics are first-line therapies for psychotic disorders. However, there are limitations in psychopharmaceutical treatment, so there is a need for psychological intervention in psychotic patients. Great interest is growing in the application of acceptance and mindfulness-based therapy, with acceptance and commitment therapy (ACT) being the most widely used manual approach and showing promising results. The ACT provides good preliminary evidence of its effectiveness in psychosis [3,4,5]. ACT is a third-wave psychotherapy that is used to help patients with mental disorders by using the principles of acceptance and commitment to improve behavior. This paper aims to describe ACT as the newest psychotherapy intervention and its advantages for psychotic patients.

Review

Basic Principles of ACT

ACT was first developed in 1986 by Steven C. Hayes and was the first of what is known as 'third wave' therapy [6, 7]. ACT is based on a fundamental understanding that pain, grief, disappointment, fear, anxiety, and other unpleasant experiences are unavoidable in human life [8,9,10]. There are six core problems in ACT, including: 1. cognitive fusion; 2. experiential avoidance; 3. preoccupation with the past and future; 4. over-identification with the conceptualised self; 5. disconnection from values; and 6. ineffective action [11,7].

ACT establishes psychological flexibility by

encouraging individuals to be flexible and focused on the present, enriching their perspectives, and encouraging them to identify their basic expectations [12]. In practice, there are six core processes of ACT, namely:

1. Acceptance: The patient makes room for unpleasant feelings, sensations, desires, or other personal experiences and allows these unpleasant things to come and go without having to try to fight, run away, or deliberately not pay attention to them [13].

2. Cognitive Defusion: The patient learns to accept all feelings, images, memories, or other cognitive knowledge as they are. Cognitive defusion is a technique that aims to change how an individual reacts to their thoughts and feelings by creating a context in which unhelpful functions are reduced.

3. Being present: actively feel what is happening at the moment without trying to predict, change, or make judgements from an experience so that their behaviour will be more flexible and they can act consistently according to the values they hold [13].

4. Self as Context is the simple idea that an individual is not a collection of experiences, feelings, or emotions; we are the ones who experience the incident. This stage helps individuals see themselves without having to judge or associate themselves with true or false values [13].

5. Values: the quality of choice of a deliberate action that can never be obtained as an object but can be used over time. Values are considered personal choices that are part of an individual's [13].

6. Committed Action: The ACT emphasizes specifically the importance of taking actions that are consistent with the values that have been chosen [13,14].

Advantages of ACT

Some of the advantages of ACT over behavior therapy and other mindfulness-based therapies include [8,15]:

1. Can be delivered flexibly

2. Can be integrated into medical care settings and populations

3. Can be done briefly

Basis of ACT on Psychotic Patient

There is some evidence to suggest that CBT for psychosis can be effective in helping patients who experience persistent positive symptoms. ACT is a form of behavioral therapy that focuses on modifying function. The therapist helps the patient to recognize and reduce unnecessary struggles with psychological content such as emotions, thought pressure, or voice hallucinations so that the patient can develop an attitude of acceptance and be able to move toward the values he holds [1, 4, 16].

There has been much success in the application of ACT to various clinical problems as well as to patients with psychosis. Research on the clinical adaptation of ACT to psychosis has shown early results of reduced relapse rates [16]. The ACT intervention in hospitalized psychotic patients showed a reduction in hospital re-admission rates of 4 to 12 months when compared to patients receiving regular care. ACT also improves emotion regulation in psychotic patients [4].

Application of ACT in Psychotic Patients

The basic principles of ACT are used as the basis for handling acceptance and self-awareness. Behavior-change strategies are aimed at increasing psychological flexibility. In general, the ACT approach targets experiential avoidance. Recent studies on psychotics have shown that in patients, avoidance of these experiences that focus on hallucinations, delusions, and paranoia has toxic psychological effects and contributes to cognitive impairment in schizophrenia. Avoidance of experience makes the patient mentally stiff and inflexible and hinders the formation of effective coping. By reducing experience avoidance, ACT can reduce the intensity and distress associated with psychotic symptoms [1, 17].

Research conducted by Gaudiano (2010) on patients with psychotic disorders

who are hospitalized in hospitals in America using the ACT protocol, which is designed in such a way that each session is an independent format that does not require completion of a predetermined number of sessions, At each session, various acceptance and mindfulness exercises are introduced to help patients reduce avoidance behaviors or struggle with internal experiences [18].

The protocol for implementing ACT in psychotic patients, as described by Pearson and Tingey (2011), is divided into 18 sessions, where each session has a different target for the core ACT process. The explanation is as follows: [19].

1. Sessions 1-3: Being Present

In this session, the patient is trained to be aware of his presence in this place and now. The expected goals for the patient are to be able to recognize what is externally in their environment, be able to recognize thoughts, feelings, hallucinations, and physical sensations they feel, and be able to distinguish between internal and external events. The technique used in this exercise is the mindfulness technique.

2. Session 4-6: Defusion

The purpose of cognitive defusion is to develop different connections to the verbal processes that arise in one's mind. In psychotic patients, the targets of these defusions are thoughts, auditory hallucinations, and delusions, and they are a prominent process for facilitating behavioral flexibility. Defusion helps patients give more space to their hallucinations or delusions, so that the patient has enough room to choose whether he or she will accept or react to the verbal content.

3. Session 7-9: Acceptance

From the ACT point of view, most humans identify feelings and thoughts as good and bad. Over time, attempts to avoid bad feelings or emotions become automated. This is often experienced by patients with severe mental disorders, especially those with pervasive and persistent symptoms. ACT offers a different solution, where the

patient can accept these unpleasant feelings and focus on what is important in their life. The metaphor that is often used in this acceptance process is the tug of war with monsters.

4. Session 10-12: Self as context

The purpose of this session is for the patient to be able to realize and distinguish between self as content (the patient's self that changes over time according to the conditions experienced) and self as context, which is the patient's real and permanent self. So far, psychotic patients often label themselves with 'I am a psychotic patient, which is a concept of self as content, so that patients will unconsciously limit themselves and do what a patient does and tend not to try other activities that have meaning in their lives. The metaphor that is often used to help patients understand this concept is the metaphor of the chess board and pawns.

5. Session 13-15: Value

The therapist helps the patient determine the chosen value domain as well as the specific goals to achieve these values. The therapist also helps the patient identify what barriers may exist between the patient and the values he chooses and how to overcome those barriers.

6. Session 16-18: Committed action

Committed action is the final part of the ACT implementation protocol. In this session, the therapist helps the patient keep clarifying the goals based on the value he has chosen. Patients are trained to be willing to focus on the value they choose, even though there will be obstacles along the way.

Monitoring and Evaluation of ACT in Psychotic Patients

Monitoring and evaluation of the implementation of ACT can be done at the end of each session according to the target of the ACT core process that is being targeted. Several questionnaires that can be used to evaluate the success of ACT targets include the Brief Symptom Inventory, the World Health Organization Quality of Life, the Automatic

Thoughts Questionnaire-Believability Scale, the Value Bulleeyes, and the Kentucky Inventory of Mindfulness Skills (KIMS) [2,20] .

Challenge in implementing ACT in Psychotic Patients

Some challenge of implementation ACT in psychotic patients include[1,3]:

1. Therapists are relatively new and not familiar with practicing ACT on psychotic patients pasien
2. There is no standard protocol in the implementation of ACT on psychotics
3. Difficulty in establishing a good therapeutic relationship between therapist and patient.
4. The drop out rate is quite high during the implementation of therapy

Indication and contraindication

ACT can be delivered to psychotic patients such as those with schizophrenia, schizoaffective disorder, delusional disorder, bipolar disorder with psychotic symptoms, acute psychotic disorders, and other psychotic disorders in the acute or chronic phase. ACT is, however, contraindicated for those individuals who are in situations where acceptance would be dangerous. For example, for those in abusive relationships or with behavioral problems where the individual is placing their physical health and safety at risk, ACT may not be the most appropriate approach [8].

Conclusions

Psychosis is a term used to describe a mental condition in which an individual experiences distortion or loss of contact with reality without any loss of consciousness. The management of psychosis is a combination of the use of antipsychotic drugs, psychotherapy, and psychosocial therapy. The use of third-wave behavioral therapy based on mindfulness and acceptance showed good results in patients with psychotic disorders. ACT aims to help individuals accept things that are beyond their control and commit to

actions that can improve and enrich their lives. In the ACT approach, the therapist's role is to help patients increase psychological flexibility. The six core processes of ACT are: acceptance, cognitive defusion, being present, self as context, defining values, and committed action. The techniques commonly used in developing these six core processes are metaphors, writing exercises, experiential exercises, and paradoxical logic. There has been much success in the application of ACT to various clinical conditions and problems and several points of research on the usefulness of ACT for patients with psychosis. Research on the clinical adaptation of ACT for psychosis has shown good initial results in reducing relapse rates, improving positive symptoms, and regulating emotions.

Conflict of interest

The authors has no conflict of interest.

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