

First Step Act: Evidence-Based Recidivism Reduction Program

Program Brief

Acceptance and Commitment Therapy (ACT)
Date Submitted to FedWriters: 6/15/2023
<p>Lieutenant Kio Ahmed, MSW/LICSW, Federal Detention Center Houston, submitted a proposal internally to BOP's Central Office for Acceptance and Commitment Therapy (ACT) to be added as an Evidence-Based Recidivism Reducing (EBRR) program or as a Productive Activity (PA) in the BOP portfolio. Lt. Ahmed explains that ACT can be delivered in one to four sessions and "any mental health or behavioral provider/clinician can facilitate the program. Costs would be minimal, and documentation can vary."</p> <p>Submission materials note that ACT addresses psychological suffering at the interface of human language/cognitions and the sources of human behavioral control. Specifically, ACT is said to target human "inflexibility," be it emotional, cognitive, attentive, failures in perspective, lack of chosen values, or an inability to build habits of value-based actions. The materials describe ACT as a "new approach" to dealing with psychological events, that emphasizes acceptance, cognitive diffusion, mindful attention to the "now," constructing a deeper "noticing" self, chosen values, and a commitment to action. ACT is said to increase psychological flexibility through increasing focus on the present moment, recognizing what is possible in the moment, and changing behavior in pursuit of goals.</p> <p>ACT is an "approach to behavior change based upon functional contextualism" that combines cognitive behavioral treatment (CBT) with "third wave" methods, such as cognitive diffusion, acceptance, mindfulness, and commitment methods. Materials note that, for example, in addressing mixed-anxiety disorders, "a significant percentage of individuals with anxiety disorders do not respond to CBT," and that ACT may offer additional treatment benefits. CBT, it is argued, focuses on enhancing one's control over their own thoughts. ACT, however, seeks to "change the context by challenging the need to respond rigidly and literally to cognitions." For example, in addressing anxiety disorders, CBT seeks to master and reduce anxiety and therefore reduce symptoms. Alternatively, ACT focuses on openness and acceptance of anxiety and living a valued life.</p>
Target Population(s): All men and women struggling with the criminogenic needs listed below.
Criminogenic Need(s) Addressed: <ul style="list-style-type: none"> Mental Health/Substance Use Disorder/ Trauma/ Anger Hostility/Cognitions/Health

Empirical Evidence

The submission included a link to the Association for Contextual Behavioral Sciences (ACBS) that provided a detailed explanation of ACT. The ACBS link also included ACT focused videos addressing Post-Traumatic Stress Disorder (PTSD) prepared by the Veteran's Health Administration. Lt. Ahmed provided five different research studies, ranging from ACT's impact on teen-suicide, anxiety among cancer patients, obsessive-compulsive disorder, agoraphobia, as well as for mild to moderate depression. FedWriters reviewed all the research; three of the studies are considered below:

Study(ies) of the Program:

Joanna J. Arch et al. (2012) Randomized Clinical Trial of Cognitive Behavioral Therapy (CBT) Versus Acceptance and Commitment Therapy (ACT) for Mixed Anxiety Disorders. *Journal of Consulting and Clinical Psychology* (Vol. 80, No.5, 750-765).

Researchers compared ACT to CBT for heterogenous anxiety disorders, using a Randomized Controlled Trial (RCT). The study population (N=128) with one or more DSM-IV anxiety disorders was randomly assigned to either ACT or CBT. Assessments included Clinical Severity Ratings (CSR), Anxiety Sensitivity Index, Penn State Worry Questionnaire, Fear Questionnaire, Quality of Life Index (QOLI) and the Acceptance and Action Questionnaire (AAQ). Measures were taken pre-treatment, post treatment, and 6- and 12-month follow-ups. The study found that ACT and CBT both improved across pre and post treatment. ACT participants scored better than CBT participants on some measures, while CBT participants scored better on other measures. The study indicated that attrition and comorbidity improvements were similar for both approaches. ACT relied more on psychotherapy than CBT. Therapist adherence and competency were good for both approaches, although CBT had greater treatment credibility. The researchers concluded that both ACT and CBT were effective at addressing anxiety disorders.

M. Fledderus et al. (2011) Acceptance and Commitment Therapy as guided self-help for psychological distress and positive mental health: a randomized controlled trial. *Psychological Medicine*. Cambridge University Press.

In this study, researchers examined the impact of an ACT self-help program to reduce the high prevalence of depression. Participants with mild to moderate depressive symptomology were recruited from the general population and randomly assigned to one of three groups: (1) ACT self-help program with extensive email support (N=125); (2) ACT self-help program with minimal email support (N=125); and (3) and waiting list control group (N=126). All three groups had pre-test and post measures to assess depression, anxiety, fatigue, experiential avoidance, positive mental health, and mindfulness; the two experimental groups also had a measure at a three-month follow-up. The researchers found that those in both experimental groups had significant improvements in depression, anxiety, fatigue, and experiential avoidance. Improvements in positive mental health and mindfulness were also found. The researchers concluded that the ACT self-help program with minimal email support is effective for people with mild to moderate depression.

E. Bohlmeijer et al. (2010) Efficacy of an early intervention based on acceptance and commitment therapy for adults with depressive symptomology: evaluation in a randomized controlled trial. Behavior Research and Therapy.

This study focused on the impact of an ACT early intervention on depressive symptomology. The goal of the interventions was to increase acceptance of negative thoughts and emotions while living a mindful and value-based life. Researchers randomly assigned adults with moderate depressive symptoms into experimental group (N=49) and a waiting list control group (N=44). All participants completed pre-test and post-test and three-month follow-up measures for depression (CES-D), anxiety (HADS-A) fatigue (CIS) and alcohol use and acceptance (AAQI-II). Results demonstrated the experimental group had statistically significant reductions in depressive symptoms at post-test and at the three-month follow-up. The researchers concluded that early interventions based upon ACT are effective in reducing depressive symptoms.

Conclusion




Lt. Ahmed's submission is very thorough. He provided significant research at the gold standard of empirical research i.e., RCTs, that addressed a very wide variety of disorders, many which are quite prevalent among the BOP's current population. However, it did not appear that any of the research involved an incarcerated or criminal justice-involved population and does not appear to address criminal thinking per se. Additionally, the follow-up period for two of the studies was only three months.


In some ways, ACT appears to move beyond traditional CBT, which is the primary approach taken by BOP psychology and other treatment staff, and therefore ACT may present a challenge to current practice. However, given the responsivity principle, alternative approaches to addressing mental health, trauma, etc. should not be dismissed. Also, it appears that ACT can be delivered in various fashions, some of which could be inexpensive and might be quickly taken to scale. Lastly, FedWriters' Subject Matter Experts are aware that ACT is commonly used in clinical practice throughout the United States, typically as an adjunct to other modalities.

Additional Information/Site Visit Observations (if applicable):

- N/A

Final Evidence Rating:

 Effective		An Effective program is likely to result in the intended outcomes.
 Promising		A Promising program may result in the intended outcomes.

		<p>A No Effects program is unlikely to result in the intended outcomes and may result in negative outcomes.</p>
<p>Recommendation(s):</p> <p>FedWriters recommends that BOP remain open to the use of ACT within BOP facilities, including the review of any additional evidence of its use within a carceral setting, and the possibility of authorizing an ACT pilot for evaluation. The quality of the research suggests that ACT could qualify as an EBRR. However, if doing so would oblige BOP to make it widely available, FedWriters believes further consideration would first be required.</p>		