

The Efficacy of Acceptance and Commitment Therapy in clients with a severe history of trauma

The Efficacy of Acceptance and Commitment Therapy (ACT) in clients with a severe history of  
Mental illness, substance use disorder, or trauma.

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### **Abstract**

The goal of the study was to introduce a new type of treatment to a small group of participants who are at New Horizons for mental health and substance abuse and the traumas that brought them to seek treatment. This new treatment would teach skills around values, priorities, psychological flexibility, inner child work, and being able to process the trauma they have experienced and to help them accept it so they can continue to grow. The participants have all agreed and completed 8 hours of ACT group therapy. The results come from interviews conducted with the participants to learn about their experience with ACT and if it has benefited them in their healing journey. They could identify what parts of ACT we discussed in the group and how they have implemented those skills into their healing recovery and everyday life. Participants stated that they all felt that participating in ACT activities benefited them a few weeks later as they continued to do the work in the program.

## **Introduction**

There are so many treatment modalities when it comes to working with trauma. One of these is known as Acceptance and Commitment Therapy (ACT). ACT is a therapy that has been used in many patients with different health problems, which include both physical and mental health. This study is aimed to determine if ACT has efficacy in people with severe trauma. It will be a qualitative study and will use the participant's case study to determine who meets the criteria for the second part of the study, in which interviews will be conducted and then analyzed to find common themes based on a participant's account if they felt that ACT helped improve symptoms of their mental illness. ACT is not trying to solve the symptoms of mental health disorders or conditions. This mindful, evidence-based therapy teaches mindfulness techniques to provide acceptance, cognitive diffusion, contact with the present moment, and the observation of self, which are essential factors in a person's progression using ACT (Harris, 2006).

## **Statement of the Problem**

Many people live with various trauma experiences, and there are many different treatment modalities to help those with significant trauma. Social workers face many challenges as more people seek help with their mental illnesses. (DeCou et al., 2018). This study will look at participants who struggle with but are not limited to depression, psychosis, trauma, eating disorders, self-harm, substance use disorder, or were in the military. There are many different interventions for these problems, like mindfulness, cognitive behavioral therapy, and positive psychotherapy. Trauma can cause symptoms of Post-Traumatic Stress Disorder (DeCou et al., 2018). So, while looking for ways to help those trying to process and heal from trauma, it is crucial to figure out the way that will work best for them.

### **Scope of the Problem**

The scope of the problem is that there are 46.3 million people aged twelve or older who met the applicable DSM-5 criteria for having a substance use disorder in the past year (Substance Abuse and Mental Health Services Administration (SAMHSA, )2023). According to the Substance Abuse and Mental Health Services Administration, 61% of men and 51% of women report at least one traumatic event in their lifetimes (Statistics for Mental Trauma | How common is it & Whom it Affects, n.d.). The United States also has a significant mental health problem. 21% of adults are experiencing at least one mental illness, 55% of adults who live with mental illness do not receive treatment, and 5.44% of adults experience severe mental illness (Warren, 2022). Because of these statistics, ACT is needed to help people work through their struggles and learn how to accept and live with their experiences.

### **Justification of the Study**

The efficacy of Acceptance and Commitment Therapy (ACT) is a unique empirically based psychological intervention that uses acceptance and mindfulness strategies to increase psychological flexibility (ACT | Association for Contextual Behavior Science, n.d.). ACT emerged in the 1980s and is a reputable evidence-based psychological therapy for specific disorders (Tighe et al., 2018). Some articles concluded that ACT was adequate if the client had eight or more sessions in a group along with individual therapy (Spidel et al., 2017).

### **Importance to Social Work**

ACT therapy is vital to social work because there is a wide range of people who suffer from trauma. Moreover, there is always a new therapy to try to combat it. ACT would be beneficial to people who struggle with trauma and the other problems that follow based on the underlying assumption that ACT has efficacy in those with a history of trauma. It is also vital to

social work because government sources report that 60% of mental health professionals are clinically trained social workers (Want to Work in Mental Health? Psychiatry Is Not Your Only Option - the College of (St. Scholastica, 2023).

### **Implications for Practice**

The research shows that ACT is improving people's symptoms by using mindful skills, which are divided into four subsets: acceptance, cognitive diffusion, contact with the present moment, and the observing of self (Harris, 2006).

### **Background of the Problem**

The background is that ACT will not fix the symptoms of someone's problems. The problem is that when personal experiences are labeled as symptoms, they instantly create a more significant struggle. This is because symptoms are, by definition, something 'pathological,' something we should try to eliminate (Harris, 2006). ACT is used to change the relationship with complex thoughts. ACT incorporates positive language and mindfulness skills to look at the situation differently, accept what happened, commit to change, and examine core beliefs, values, and what is their priority.

### **Evidence Found when Researching the Problem may or may not be Effective**

ACT is not a new therapy; it has existed since the late 1970s. The first version of ACT was known as Comprehensive Distancing. ACT was started as a bottom-up approach. It started using the basic science model and explored how, cognitively, our behavior and language all work together with our minds. ACT components all work together effectively, which makes ACT effective. The ACT Therapist describes ACT as a lens through which we can understand our experience (2022). She calls ACT a framework or approach to life and our experiences rather than a collection of skills or exercises (The ACT Therapist, 2022).

**Who is Affected by the Problem?**

The population that is struggling and that is affected by mental health and physical medical problems are the ones who can benefit from ACT. ACT is a transdiagnostic process; this means a label given to a mechanism that is present across disorders and is either a risk or maintaining factor for the disorder (Psychology Tools, 2023). This can be applied to more than one condition. ACT sits on the fundamental premise for pain, disappointment, illness, and anxiety that come with life. ACT is one way to help these struggling individuals adapt to their challenges by increasing their psychological flexibility.

**Significance of the Study-Focus in my Study**

The significance of this study is that it looks at a different type of evidence-based practice, other than cognitive behavioral therapy, to help people accept their situation and identify their core beliefs and values (The ACT Therapist, 2022).

**Underlying Assumptions**

Stigma is real. More than half the people do not get treatment for their mental illness (Stigma, Prejudice, and Discrimination Against People With Mental Illness, n.d.). One of these reasons is because of the stigma attached to living with a mental illness. Nowadays, people are more aware of stigma and its impacts on their lives and loved ones. Stigma is slowly decreasing, and more people are reaching out for help. Having access to ACT can help people begin to cope and live with their struggles (Stigma, Prejudice, and Discrimination Against People With Mental Illness, n.d.)

### **Personal Assumptions and Beliefs**

I believe that based on my own experience, ACT is a working intervention with people who struggle with mental illness and substance abuse. I think this because I have had clients who have been able to process and come to accept their past experiences. My views can impact the study because I have seen the therapy work and expect the same results. This may not always be the case because everyone's experiences are different.

### **Purpose of Research**

The purpose of this study is to determine if the efficacy of ACT is practical for people with a history of trauma or mental illness. It also determines if the clients benefit from it, what they learned, and if they can apply it to their lives.

### **Identifying Qualitative or Quantitively**

This study is qualitative because it is focused on personal experience.

### **Definition of Terms**

**Trauma** – A disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual's view of the world as a just, safe, and predictable place. Any serious physical injury, such as widespread burn or a blow to the head. — **traumatic** *adj.* (APA Dictionary of Psychology, n.d.)

**ACT** - is a psychological therapy that teaches mindfulness (paying attention in a particular way: on purpose, in the present moment, nonjudgmentally) and acceptance (openness, willingness to

sustain contact), skills for responding to uncontrollable experiences, and thereby increasing the enactment of personal values (APA Dictionary of Psychology, n.d.).

**TAU** - Treatment as Usual (APA Dictionary of Psychology, n.d.)

**Mental Illness** - a health condition involving changes in emotion, thinking, or behavior (or a combination). It can be associated with distress and problems functioning in social, work, or family activities (APA Dictionary of Psychology, n.d.).

**Mindfulness** - Awareness of one's internal states and surroundings. Mindfulness can help people avoid destructive or automatic habits and responses by observing their thoughts, emotions, and other present-moment experiences without judging or reacting to them.

Mindfulness is used in several therapeutic interventions, including mindfulness-based cognitive behavior therapy, stress reduction, and mindfulness meditation (APA Dictionary of Psychology, ed.)

**Intensive outpatient (IOP)** - The 3-hour program three days a week in the morning or evenings

**Partial Hospitalization (PHP)** - The 9-3 program five days a week.

**The transdiagnostic process** - is a mechanism present across disorders and is either a risk or maintaining factor for them (Psychology Tools, 2023).

**Psychological flexibility** – The ability to distance from current mindsets and consider other possible mindsets (Kashdan, 2010).

**Acceptance**- Be willing to experience complex thoughts.

**Being Present**-Focus on the here and now.

**Values**-discover what is truly important to you.

**Diffusion**-observe your thoughts without being ruled by them.

**Self as context**- see yourself as unchanged by time and experience.

**Commitment**-Take action to pursue the important things in life.

### **Literature Review**

Many people have had various trauma experiences, and there are many different treatment modalities to help those with significant trauma. When looking at a person who has experienced trauma, listening is essential. Trauma can cause symptoms of PTSD (DeCou et al., 2018). So, while looking for ways to help those trying to process and heal from trauma, it is crucial to figure out the best methodology to utilize to decrease the symptoms that come with trauma. One of these interventions is Acceptance and Commitment Therapy (ACT). ACT is a unique empirically based psychological intervention that uses acceptance and mindfulness strategies to increase psychological flexibility (ACT | Association for Contextual Behavior Science, n.d.). The question is, is ACT's treatment modality effective in clients with severe trauma and PTSD?

### **Severe Trauma, Psychosis, and other Mental Health Disorders**

ACT is a mindfulness approach when working with a client who has experienced severe trauma, childhood trauma, and psychosis. (Sidel 2017). Studies show that ACT is effective for individuals with psychosis and a history of childhood trauma. This study is used to determine the efficacy of mindfulness-based ACT with clients with diminishing psychic symptoms and trauma-related systems and to improve treatment adherence (Spidel et al., 2017).

A lot of these studies about ACT have subjects who suffered from Schizophrenia, Bipolar disorder, Psychosis, and other disorders that were not specified. With these types of clients, group work seems to be a beneficial way to help those with trauma and other conditions to be able to receive the appropriate treatment. The question is whether the clients in

these ACT groups are determined by the severity of the client's trauma and whether their trauma predicts how group members respond to the treatment intervention. Researchers have given the hypothesis that the people in the ACT group would show significant improvements in emotion regulation, acceptance, psychic symptoms, trauma symptoms, anxiety, and treatment compliance as compared to Treatment-as-Usual (TAU). During one of these studies, they found that ACT was an added value to people experiencing early psychosis. However, the study also found that a brief stint of ACT intervention did not influence one-third of patients' delusions and those who continued to deny that they had them. Eight sessions of ACT treatment were recommended for the best results. A study was conducted using Attachment style questionnaires. It looked at five-factor scores; one was a secure attachment, and the other four looked at insecure attachment and how those clients responded to ACT (Spidel et al., 2018). There are also new psychotherapy treatment modalities that have been used to treat major depression. With ACT mindfulness-based cognitive therapy (MBCT) and positive psychotherapy (PPT) (Seshadri et al., 2021), studies also indicated that ACT was an effective tool when reducing the symptoms of major depression. The study also found that ACT may be superior to inactive or TAU controls.

ACT is used to treat many different problems. One problem it is used for is an eating disorder and its symptoms. It reduces symptoms and body image problems, which can be a significant risk factor for developing an eating disorder (Fogelkvist et al., 2020). Having a client participate in ACT can determine that it is an effective treatment modality for people with eating disorders. Moreover, it is helpful to patients with unsettling internal experiences while committing to behaviors following life values (Fogelkvist et al., 2020).

**ACT with those who have Served in the Military.**

ACT is used as an intervention for those who have served in the military and are struggling. Studies have been conducted to determine if ACT is effective for those with PTSD. The study was conducted by having the participants answer questionnaires and complete checklists. Statistical analysis was also done using SPSS (Statistical Package for the Social Sciences) to examine the response to ACT. The study concluded a significant decrease in PTSD symptoms from pre-post and follow-up assessments (Wharton et al., 2019).

Another study was conducted using military veterans. This study was done with active-duty service members who were not successful in individual therapy for PTSD (Ramirez et al., 2021). This study was done as a cohort-style group therapy program. It was a 6-week program where participants received 12 hours of group therapy and two 60 to 90-minute individual sessions per week. (Ramirez et al., 2021). The participants had exposure therapy and learned through ACT experimental exercises and metaphors in group therapy. This study examined the measurement symptoms of PTSD, depression, insomnia, functioning, psychological flexibility, cognitive fusion, and the value action questions (Ramirez et al., 2021). By the sixth week, all group participants had completed the program. This program that the service members participated in had a 90% completion rate, showing a significant decrease in PTSD symptoms. However, some limitations had to be considered when looking over an interpretation. The conclusion was that ACT was an effective treatment modality in programs with military forces in countries like the U.S., but the US could not be included in this study (Ramirez et al., 2021).

**The Efficacy of ACT Programs**

The evidence behind ACT's efficacy is essential to clearly understand depression and what effective therapies are for treating the problem. This study aims to see if ACT is a practical

posttraumatic cognition of trauma-exposure students (Molavi, 2020). These students completed structured clinical interviews, trauma-related questionnaires, posttraumatic cognitions inventory, and acceptance and action questionnaires. These students were put in two groups: one who received the placebo effect and the other who received treatment. They had five 30-minute group conversation sessions on effective communication, general advice, study methods, and the relationship between girls and boys in the placebo group (Molavi, 2020). The results showed that both groups had self-blame and that ACT greatly impacted their psychological inflexibility. (Molavi, 2020).

Another study that looks at the effectiveness used reviews, two randomized controlled trials, and four non-randomized studies. These studies focused on whether ACT was an effective treatment modality for adult patients with trauma-related PTSD, anxiety, or depression. This study showed that ACT was effective (Europe PMC, n.d.-b).

### **Gaps in the Research**

ACT is a new treatment modality, so insufficient historical research exists to determine its gaps. However, the research that has been done with people with mental illness, trauma, and substance abuse seems promising.

## **Methodology**

### **The Research Design and Type of Study**

This qualitative study takes place in the field at New Horizons and uses an ACT questionnaire that asks clients what their psychological flexibility score is, as well as interviews to determine how clients with mental health/substance abuse disorders with a history of trauma respond to ACT.

### **Research Question**

How do people with mental health, trauma, and substance abuse experience ACT?

### **Variables of Interest**

This study is qualitative, so there are no variables of interest. Hypothetically, if it were a quantitative study, the independent variable would be those who receive ACT. The dependent variable would be psychological flexibility, distress, quality of life, and specific behaviors that change because of the ACT methodology.

### **Operational Definitions of Variables**

It is a qualitative and exploratory study, so there are no variables.

### **Unit of Analysis**

The unit of analysis in this study is the PHP members at New Horizons

### **Measurement Instruments**

The measurement instruments in this study are the interview questions asked when interviewing the subject. This also includes the ACT psychological flexibility surveys that the participants filled out.

### **Validity & Reliability of Instruments**

This is a qualitative study, so this does not apply to this study.

### **Hypothesis**

The study is qualitative, so there are no hypotheses. However, if one were to be made, I expect that to be effective in the study.

### **Setting**

The study will be conducted at New Horizons Recovery Centers in Cincinnati. This is a private agency where funding is through clients' insurance. Their mission is to teach clients

skills to manage their emotions, avoid their triggers, and cope with their mental health symptoms without drugs or alcohol. They believe in meaningful connections for lifelong healing. At New Horizons, their addiction and mental health programs offer individual, group, and family therapy, medication management, and cutting-edge technologies to address treatment-resistant depression.

The building has a space in the back where the interviews will occur. It is quiet and private. The room has a warm, welcoming environment with hard candies in a dish. On the wall are posters with coping skills, a feelings wheel, and information on how trauma affects the brain. It has a big window that lets the room have natural light. This is the perfect place for the participant and the researcher to sit and discuss their experience with ACT and whether they found it helpful and beneficial. During these conversations, the researcher can observe the participant's body language.

### **Sampling Method**

Convenience-nonrandom sampling will be used in this study.

### **Sample**

The sample includes the Partial Hospitalization Program (PHP) adults at New Horizons five days a week, 9 am-3 pm. They will have to meet the criteria that include psych diagnosis, which may consist of depression, an anxiety disorder, bipolar disorder, ADHD, personality disorder, and any other type of mental health disorder they may have, which includes a substance abuse problem. The clients also have experienced traumatic events or events that have caused them to have trauma. The trauma can be in any form, from childhood trauma to sexual/physical abuse, a loss, or being injured, which are only a few that are mentioned. They can have various

other types of traumas; the estimated sample size would be  $N < 4$ , ages 18-65, with any gender identification.

### **Protecting of Human Subjects**

To protect the subjects, they will all be aware of their confidentiality protection and their part in the study. They will be given a form of consent, and the information about the survey will be discussed. They are told that their personal information and the consent form are kept private. They will be told about the ethics of the study, the purpose of the study, and if they would like to participate. They will be told that it is not mandatory and that they can choose to participate. They will then be asked to pick their fake name, which is how they will be addressed during the interview. The study will not reveal their names, birthdates, and personal information. The participants will also be asked if they would not mind being audio recorded with encryption and passcode on an individual device, which will only be listened to by the researcher and destroyed at the end of the study.

### **Human Diversity Issues**

This sample population is not a diverse group. Everyone in the study is Caucasian. It also focuses specifically on trauma, where there may be other problems that ACT would work on, but this study is entirely based on trauma experience. However, age and gender identification do not influence the analysis. It can, however, impact the study because every one of the participants has different experiences and hardships. The 18-year-old male with a substance abuse problem may have a separate outlook on life based on their personal experiences, which may differ from a 50-year-old female with mental health problems. The participant's identities are different from the researcher's because she is a female in her 30s, is Colombian and has not experienced drug addiction. However, she has struggled with mental

illness like some of the participants. She also has grown up with loads of trauma. Her trauma may be like the participant's but also different. The clients' experiences differ to an extent. The sample has more males than females. They are ages 18 to 50s. They consist of people with mental health problems and substance abuse problems. One male was in the military, so his experiences and outlook are different from the others.

### **Data Collection Procedures and Data Collection Schedule**

The data needed to determine how the clients experienced ACT will come from the interviews with each subject participating in the study. They will be asked if it is acceptable to record the interviews to allow for revisiting the interviews to better understand the client's experience. They will be recorded with encryption and passcode on a personal device, which will only be listened to by the researcher and destroyed at the end of the study.

The data collection schedule is as follows: The clients will be introduced to the concept of ACT and will start participating in groups centered around ACT. The groups are two hours each time. They are to start at the beginning of January and last until the end. They will end up being eight sessions. At the beginning of February, after the groups wrap up, the clients will be asked to participate in the interview portion, which should only last a few days. They are to describe their thoughts and opinions about their completed ACT groups. These interviews will be conducted in the first two weeks of February.

### **Data Analysis Plan**

Thematic analysis will be used to find common themes among the participants. The Data Analysis Plan would include transcripts from the recorded interviews. Relationships between the subjects and their interaction with ACT will also be examined and displayed.

Questionnaire answers will also be reviewed to give a baseline for how these individuals' experiences are based on ACT intervention.

### **Limitations of the Study.**

One of the most significant limitations is not having a more diverse sample. All the participants are white, most of them struggle with substance abuse, and there are more males in the study than females. These limitations are because the study needs to look at a diverse population. More females are needed to determine how they would respond. There is a diverse age population. Nevertheless, most are in the same economic class and live in Cincinnati.

### **Results/Findings**

The results from this study were determined by asking interview questions to the small group of participants to understand how they experienced the ACT activities as part of their treatment at New Horizons. There were common themes among the participants. The themes are if they have had therapy before, substance abuse, mental illness, inner child work, and how they are applying ACT into their lives. The participants were white males ages 20-36 attending the New Horizons partial hospitalization program. They all consented to participate in this study and completed the 8 hours.

### **Have they had Previous Treatment?**

The interviews with the participants show that some had had various types of treatment before starting at New Horizons. These types of treatment were generalized therapy, residential, and exploring their mental health. Client D. stated, *"I went to one therapy session when my brother died when I was 13, 14. I did not believe in it. I did not think I was talking to a stranger to help, so I was very closed off."* This was the attitude of some of the clients. Now, Client D. enjoys therapy and the different activities that the participants get to do. He shows up every day

and puts the work in. Client M has said that he has had a different experience. He reported, *“I chose therapy because of trauma, depression, and anxiety. I have never seen a therapist consistently, but I have been committed to mental health treatment before.”* This client has been fascinated by the interventions at the agency, and he has talked about possibly going back to school for mental health.

### **Substance Abuse**

Three participants have a history of substance abuse; 2 of the participants struggle with alcohol abuse, and the other is a recovering meth addict. The participants with substance abuse also have a history of trauma. The participant, who is addicted to meth, said that *“My life was falling apart. I was addicted to meth, and I lost my job to add no money, and I had two court cases simultaneously. My choice is to run or ask for help”*. This was a hard realization for him, but he chose to ask for help and has since been sober. Participants who struggle with substance abuse talked about how highly their substance abuse affected their lives. Alcohol has been the cause of 2 of the participants dropping out of school. As of the conclusion of the study, the two participants are in the process of looking at schools to further their education. Client M shared, *“My coping skills were smoking weed and listening to music. It goes back to being raised by just a single parent, an alcoholic parent, a no dad, no guidance, then kind of alcoholism and losing the court case. Went through a breakup in college. Moreover, after, like, with my alcohol use of blocking out my own stuff, I punched a car window and cut up my whole arm”*.

### **Mental Illness**

Though some of the participant's primary issue is substance abuse, all the participants struggle with their mental health as well. Their substance use is a symptom or a coping skill to combat their mental health struggles. The participants were learning how to build a better

foundation of coping skills when feeling out of control. They are learning skills to accept their trauma and process it. All participants have had different trauma experiences, which contributed to their mental health decline. The events that the participants described were a car wreck, the loss of a sibling, being bullied growing up, and sustaining a severe injury. Client J stated, *“I kind of just like, ever since I was 19 or 23, I just lost complete control of my life. I was listening to family more than I was listening to myself, I wish I would have came here.”*

### **Inner Child Work**

One of the interventions that the participants were able to experience was the inner child work. All of them enjoyed inner child work and found it very helpful. They enjoyed playing with toys to bring out their inner child since childhood. One of the participant's eyes opened wide, and they got excited to play crossfire. The participants were asked to identify an age that stuck out to them and answer the questions as if they were that age. The participants were then able to explore different parts of their childhood and did much processing. This intervention made some participants emotional, and they explored events they had experienced when they were kids. One participant opened up about donating bone marrow to his older brother as a teenager. He felt that he failed his brother because he passed away even with the transplant. This was hard for him to talk about, but he felt more at peace with his brother's passing. Client S said, *“A lot of our problems come from a young age and things that we weren't emotionally mature enough to process, and if we don't experience them again, we don't encounter them again. They can be unresolved. So going back and accepting what happened, then being able to process it and move forward. Games helped me get to the point where I could open that up.”*

### **Applying ACT to Their Own Lives**

The participants in this study enjoyed learning the ACT so much that they have been trying to implement these skills in their recovery. When asked if the participants believed the skills were beneficial in their recovery, Client M *“I like talking about values because when you really think about your values, you can look at your actions in the past and get the idea that you need to match your values in your life and probably change too.”*

Client S. Said, *“100%. You can try to kind of wear your mind as a map of where your priorities and values lie. This will shape what you see and how you view your experiences in life.”* He refers to identifying his priorities and values, which was done with a bullseye activity. They also learned about their psychological flexibility. Client J said, *“You might love yourself a little bit more if you look at how far you have come. You get to realize stuff when you’re done and then really make something in your mind that when you see yourself, and you tie it back to yourself, it makes things seem out more a little bit.”* The participants could relate ACT to their lives and are trying to use it in their healing journeys. The clients did a lot of different written activities and were able to process their trauma. Client D stated, *“ACT helped me examine and mobilize or write down things about myself that, you know, are there. It is stuff that was there, but ACT really helped drill down into them and cement those feelings”.*

## **Discussion**

### **How Personal Values Impacted Selection of Research Topic and Methods**

When conducting this study, I honestly had no personal feelings come up. The study was not about me but about the participants. My job was to give them the ACT skills and hope that they could incorporate them into their everyday lives. The participants would find ACT beneficial based on the articles about its effectiveness. The way the study was carried out was

very similar to the ACT study involving students who have experienced trauma. Since it was very similar, I wanted to find the same results, which I did.

### **How the Structure of the Organization Affects the Topic, the Methods/Process, and the Interpretation of Results**

The structure of New Horizons is a patient facility that offers group and individual counseling, family therapy, medication management, and an adolescent program. The methods and process were influenced because I had a convenient sample. All the participants were required to be in PHP, which I was running as a group then. Since they all had to participate, getting them all to concentrate was simple. Then, for the next couple of weeks, I used ACT activities to help them better themselves and give them the tools to accept some of life's complex challenges. This environment helped interpret the results because the participants could be interviewed in person and where I could observe their body language, eye contact, and whether they were present when discussing their experience with ACT. Through this, I could see how genuine they were about their answers.

### **Recap of Primary Results**

The recap of this study's results showed that when a new treatment modality was introduced, people were open to trying it to see if it worked for them. The participants all received the same treatment and were asked the same questions. All the participants met the criteria of either struggling with substance abuse or mental illness. Also, each participant could identify a particular trauma or event that led them to treatment. The common themes among the participants were that they had treatment before, they had a substance abuse problem or were struggling with mental illness. They all loved and got a lot out of inner child work, and they all felt that the ACT skills and activities were beneficial and that they had intended or have

implemented them into their own lives. This is seen by their responses when conducting the interviews.

### **What Results Mean in Light of the Literature Review**

The results found in the participants at New Horizons were much in line with those in previously conducted studies. They proved that 8 hours of ACT group work was effective, as in the abovementioned study. In the literature review, a study about how ACT can increase psychological flexibility was proven by the participants who participated in the study. Their psychological flexibility increased over the weeks of treatment. In another study that is discussed in the literature review, they proved that ACT was effective for individuals with psychosis and a history of trauma. Though none of the participants have psychosis, they do all have some form of childhood trauma. Because they found ACT to help them accept their childhood trauma, it proved that the prior research that was done was accurate. Previously, researchers who have been conducting similar studies gave the hypothesis that receiving ACT would show significant improvements in emotion regulation, acceptance, psychic symptoms, trauma symptoms, and anxiety. The participants also proved this accurate by discussing how they felt different after ACT. They felt a lot calmer and were able to accept the events that they struggled with. One client was able to recognize that anger stemmed from being bullied and made the commitment not to let it dictate his life and to be mindful of how he deals with his anger because it was starting to rub off on his oldest daughter. Another client was able to accept that the attack he experienced may not have had anything to do with him but that he was in the wrong place during the wrong time as someone projected their anger onto him. Having accepted this new realization allowed him to process more grief than anger, and he became more committed to letting his hate go, which is a good step into healing.

### **Implications of the Study**

The findings that this study produced proved that Acceptance Commitment Therapy is another viable treatment modality when working with clients who struggle with substance abuse and mental illness. This can affect the social work field because it can be another option clinicians can explore with their clients. Based on the study, teaching clients about psychological flexibility can help them add more structure to their lives and guide where they want to focus their priorities. The six principles of psychological flexibility show this: this concept is focused on contacting the present moment as a conscious human being, fully and without needless defense—as it is and not as what it says it is—and persisting with or changing behavior in the service of chosen behaviors (i.e., increasing psychological flexibility; (Hayes et al., 2012, p. 96). The six principles are contact with the present moment, acceptance, diffusion, self as context, committed action, and values (Patel & Hinton, 2017). All participants interviewed for this study related well and enjoyed learning about these principles. ACT is a great tool to adopt a willful experience of feelings as feelings, thoughts as thoughts, and sensations as sensations (Patel & Hinton, 2017).

### **Strengths and Limitations of the Study**

The strength of this study was having a sample who showed up for each group session. They were eager to participate and explore the complex parts of their addictions and mental health struggles. They were embraced by getting on the ground and playing with the toys brought in to connect with their inner child. Then, answer questions as that child to gain an understanding of their childhood experiences. There, however, were limitations during this study. There was a lack of female-identifying participants, so further studies can be conducted to include more female-identifying individuals. Another limitation was that the sample was all white. This can

mean that studies can be conducted with people of different races or ethnicities. The other limitations would be that the sample included substance abuse and mental illness struggles. This leaves room for exploring different types of struggles, like an eating disorder or chronic illness.

### **Importance of the Study**

The importance of this study was to learn about the experiences of people who struggle with substance abuse and mental illness. The results of the interviews gave researchers firsthand experience of participating in ACT group activities. These tests show that the activities were meaningful and beneficial. Currently, all of those who participated in the study are sober, and they have all been moved to the intensive outpatient program and are using the skills that they learned in the conduct of their daily lives. These activities have helped them better understand and accept their various traumas. It also has been a significant factor in the participants keeping their sobriety. The participant, who was able to process and gain a better acceptance of the passing of his brother, said that these skills have helped him confront something that he had pushed down by masking it with meth and a fast lifestyle for years. “It feels good to accept that it was not my fault. I was a kid, and I did what I could do at the time, but the cancer was too progressive, and it was not my fault.”

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**Research Question**

What made you choose the treatment?

Have you had therapy or any treatment in the past?

Please briefly describe the trauma or experience that brought you to therapy.

Before receiving ACT, how did you cope with your trauma/mental health and substance abuse?

Did you have a support system? If so, from whom?

Can you tell me how your trauma changed how you view the world?

How has your story changed since receiving ACT?

Using a scale from 1 to 10, rate yourself under each statement. In the end, add up the score.  
This score will be your psychological flexibility score.

**Being present** (Be here now to fully experience what is going on inside and outside of you).

My thoughts are constantly  
in the past or in the future

I intentionally pay attention to  
what is happening in the present

1	2	3	4	5	6	7	8	9	10
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**Values** (Know what matters to you and recognize your values).

I don't know what I want  
from/in my life

I am clear with what I choose to  
value in my life

1	2	3	4	5	6	7	8	9	10
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**Commitment** (Commit action to embodying your values with integrity and acting them out each day).

I don't usually act on things  
I care about

I see the actions I need to take  
to put my values into practice

1	2	3	4	5	6	7	8	9	10
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**Self as context** (Having awareness of your thoughts, feelings and actions).

"I" am my thoughts and my  
feelings about myself

"I" know what I'm thinking and  
feeling, but is distinct

1	2	3	4	5	6	7	8	9	10
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**Defusion** (Create distance between awareness and thoughts).

My thoughts tell me how things  
are and what I need to do

My thoughts are just one way to view  
things, I'm in control of what I do next

1	2	3	4	5	6	7	8	9	10
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**Acceptance** (Open up to difficult thoughts, feelings and emotions).

I am constantly in battle with my  
thoughts and feelings

I see the actions I need to take to  
put my values into practice

1	2	3	4	5	6	7	8	9	10
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**My psychological flexibility score is:** \_\_\_\_\_

