1. BACKGROUND

Juararesco et al. (2013) developed and evaluated a group protocol adapting the Acceptance and Commitment Therapy (ACT) for patients with eating disorders (ED). Preliminary promising results from this study inspired our team at the Eating Disorders Service, Birmingham and Solihull Mental Health Trust, to use this approach as part of our group programme after introducing several modifications to the manual.

The ACT-based model of ED suggests that ED behaviour is primarily motivated by the desire to avoid distressing thoughts and feelings (Juararesco et al., 2013). Whilst individuals engage in experiential avoidance of these aversive internal experiences, they often lose sight of what is truly important to them (their “values”). The treatment aims to show unworkability of this strategy, as their difficulties persist despite their best efforts (e.g., “coping”), and other problems emerge (e.g., “purging” as a solution to “feeling fat”) over time becomes a habit that is self-maintaining whilst their life may become increasingly “on hold”. Our intervention attempts to introduce participants to six core skills of psychological flexibility: willingness, defusion, self as context, present moment awareness, values and committed action (Hayes, Strosahl & Wilson, 2016).

2. METHOD

Participants
- 17 female, self-selected, day treatment patients and inpatients
- the group was run on three separate occasions
- mean age 30.8 (SD 12.5) and the mean BMI 16.7 (SD 2.2)
- AAQ II, DERS and evaluation questionnaire completed in the first session and the final sessions.

ACT for ED group programme
- 6-session protocol: weekly 1 hour-long sessions, up to 8 participants;
- Run by two facilitators (Clinical Psychologists and/or Psychiatrist trained in ACT approach) with the help of an Honorary Assistant Psychologist;
- Each session focuses on one of the core ACT processes in particular, using combination of group discussion, videos (Russ Harris, YouTube), mindfulness practices, role play and homework.

3. RESULTS

Patients showed a significant improvement in emotion regulation (as measured by DERS), as well as an overall improvement in psychological flexibility (as measured by AAQ-II).

Table 1 – Scores on AAQ-II and DERS Pre and Post ACT group programme

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Pre ACT Mean (SD)</th>
<th>Post ACT Mean (SD)</th>
<th>(n=17) Wilcoxon Signed-rank Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAQ-II</td>
<td>39.1 (8.2)</td>
<td>34.0 (8.2)</td>
<td>p= 0.048</td>
</tr>
<tr>
<td>DERS</td>
<td>120.9 (25.0)</td>
<td>110.0 (23.5)</td>
<td>p= 0.006</td>
</tr>
</tbody>
</table>

4. DISCUSSION

Alongside the quantitative results presented above, we collected qualitative feedback that was predominantly positive.

5. References

