



# Acceptance Commitment Therapy and its Application in HIV or Stigma Reduction



## Key Questions

How and with what impact has Acceptance Commitment Therapy (ACT) been applied in HIV and/or in stigma reduction?

What tools are available to measure HIV-related stigma?

What process and outcome measures are available for aCT

## Key Take-Home Messages

- ACT has been used in several chronic conditions, including anxiety, depression, physical health problems (e.g., pain) epilepsy, and diabetes (1-4). However, there is limited research on how ACT has been applied in HIV and/or in stigma reduction. Therefore, there is a need for more empirical data on the effectiveness of ACT and its application in HIV or stigma reduction (4;5).
- Three meta-analyses have investigated the effects of ACT on health and quality of life related for a spectrum of chronic conditions (1;2;4). The two older meta-analyses found that more research evidence is needed to conclude that ACT is more effective than established treatments (1;4). In contrast, a more recent meta-analysis that updated the searches from those published previously concluded that “ACT is more effective than control conditions for several problem domains, but there is no evidence yet that ACT is more effective than established treatments” and that “there is no distinct advantage of using ACT over existing established treatments” (2).
- Based on a systematic review about HIV and stigma that the OHTN is leading, we identified four tools that had been used in more than one of the included studies to measure stigma in people living with HIV (6-9). A 40-item scale developed by Berger et al. (2001) is the most popular and appears to be the most reliable and valid (6)
- For process measures of ACT, many studies have used the Acceptance and Action Questionnaire (AAQ), which is a more general measure of several ACT processes related to psychological flexibility and is designed for use in population-based studies (1). Two versions of the AAQ have been developed - one with 16 items (10) and the other with nine items (11). Both version have been found to have adequate criterion, predictive and convergent validity (1;10;11)

## EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy.

In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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## The Issue and Why It's Important

Acceptance Commitment Therapy (ACT) has been defined as “...a psychological intervention based on modern behavioral psychology, including relational frame theory, that applies mindfulness and acceptance processes, and commitment and behavior change processes, to the creation of psychological flexibility” (1). Specifically, as Hayes et al. (2004) and Powers et al. (2009) outline (1;2), ACT includes six core treatment processes that consist of:

1. acceptance;
2. defusion;
3. contact with the present moment;
4. self as context;
5. values; and
6. committed action

In contrast to the traditional approach of reducing or controlling symptoms of pain, ACT promotes the acceptance of pain and other negative private experiences together with a commitment by the client to implement specific behaviour change strategies (2).

## What We Found

### Acceptance Commitment Therapy

Three meta-analyses have investigated the effects of ACT on health and quality of life related for a spectrum of chronic conditions (1;2;4). The two older meta-analyses found that more research evidence is needed to conclude that ACT is more effective than established treatments (1;4). A more recent meta-analysis of 18 studies by Powers et al. (2009) found that ACT

“...outperformed control conditions (waiting list, treatment as usual, psychological placebo) across target problems and outcome domains after treatment and follow-up. The average ACT-treated participant was more improved than 66% of the participants in the control conditions.”

However, Powers et al. (2009) further indicate that “ACT did not outperform established treatments” and that “...there was no distinct advantage of using ACT over existing established treatments” (2).

### Application of ACT in HIV and/or stigma reduction

People living with HIV/AIDS can be affected by health-related stigma and discrimination. Those affected by specific health conditions often internalize guilt and blame for having the disease, by isolating themselves (12). As such, stigma and discrimination could lead to delays in accessing health services, poor treatment adherence and increased risk of disability and drug resistance (12). However, while ACT has been applied to and evaluated in chronic diseases such as epilepsy, diabetes, stigmatization problems, depression and anxiety and pain with promising results (1;2;4), we did not find any studies assessing its application in HIV and/or stigma reduction.

## Tools to measure stigma in people living with HIV/AIDS

We identified tools to measure stigma using the studies we have included in an 'in-progress' systematic review about the impact of stigma on the health of people living with HIV/AIDS. The most popular, valid and reliable tool appears to one developed by Berger et al., which was used by 13 studies in our systematic review (6). The tools consists of a 40-item scale that has undergone psychometric testing and was found to be reliable and valid with a large, diverse sample of people with HIV (6). We also found a tool developed by Sowell et al., which was used in 8 studies of the included studies (8). Lastly we found two other tools – the Demi measure (used in 7 studies) (7) and the Westbrook measure (used by 2 studies) (9) – but we were unable to locate the full-text references for these measures.

## Process and outcome measures are available for ACT

To identify process and outcome measures for ACT, we reviewed the results tables of the systematic reviews identified in this rapid response (1;2;4). Hayes et al. indicate that many studies have used the Acceptance and Action Questionnaire (AAQ), which is a more general measure of several ACT processes related to psychological flexibility and is designed for use in population-based studies (1). Hayes et al. also note that there are two validated version of the AAQ. The first version by Bond and Bruce (2003) (10) consists of 16 items related to two factors (one assesses acceptance and mindfulness and the other values-based action) with each contributing to a higher-level factor, which they call psychological flexibility. The second version that Hayes et al. (2006) outline consists of nine items, which only measures the higher-level factor of psychological flexibility (11). Both versions have been found to have adequate criterion, predictive and convergent validity (1;10;11). Lastly, the AAQ has been modified into the Chronic Pain Acceptance Questionnaire by revising the items to reflect content related to pain (1;13;14).

In their meta-analysis of third-wave behavioral therapies Ost et al. (2008) outline 10 background therapy variables that can be considered in the delivery of interventions such as ACT (4). The variables include:

- Number of participants starting therapy
- Attrition
- Number of completers
- Cell size (completers/number of conditions)
- Proportion of women
- Mean age of the sample
- Number of therapy weeks
- Number of therapy sessions
- Number of therapy hours
- Follow-up (months since post-assessment)

Ost et al. (2008) found that the third wave studies, including ACT, had longer therapies and higher number of therapy hours, whereas cognitive behavioral therapy studies had longer follow-up periods.

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## **Factors that May Affect Local Applicability**

Even though several studies have investigated the effect of ACT on various forms of stigma, including substance abuse counselors' stigma towards their clients (11) and racial and ethnic prejudice among college students (15), we found no studies on the application of ACT to HIV issues and or stigma reduction. In addition, none of the studies reviewed focused on Canada.

## **What We Did**

To identify any systematic reviews we searched the Cochrane Library, DARE and Health-Evidence.ca by entering 'Acceptance Commitment Therapy' as a text search term. We also searched Medline, Embase, CINAHL and PsychInfo using 'Acceptance Commitment Therapy' as a text search term. Lastly, we conducted a related articles search in PubMed using a meta-analysis of Acceptance Commitment Therapy that we identified through the database searches. To identify measures of stigma, we reviewed the articles included in an 'in-progress' systematic review about the impact of stigma on the health of people living with HIV/AIDS. Lastly, to identify process and outcome measures of ACT, we reviewed the results of the three systematic reviews about ACT that we identified in the searches outlined above.