

# A REVIEW OF ACCEPTANCE AND COMMITMENT THERAPY IN ANXIETY AND COMPULSIVE OBSESSIVE SPECTRUM DISORDERS

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## Introduction

The Acceptance and Commitment Therapy is a kind of experiential behavioural and cognitive psychotherapy based on the relational framework of language and human cognition, being one of the most representative therapies of the well-known “third wave cognitive behaviour therapies”. ACT is a therapy oriented to the person to increase the psychological flexibility or, in other words, to act in consequence with what he values while permitting to experience those annoying emotions and thoughts that may arise when acting in that direction. Up to 2013, two systematic reviews of ACT in anxiety disorders have been performed, proving a preliminary support of ACT, being effective in the treatment in anxiety in clinical and non-clinical population. This findings suggests the possibility of introducing ACT when cognitive behaviour therapy (CBT) is ineffective or rejected, in patients with resistance or difficulties in the exercises (for example of exposure) to increase the attachment, when there is comorbidity with depressive disorders or in cases in which the cognitive distortion are severe.

The main aim of this review is to analyse the evidence for ACT from 2013 to the present in the treatment of anxiety disorders and obsessive compulsive spectrum

## Method

Tripdatabase, Cochrane Library, Pubmed and Psycinfo databases have been electronically searched. The search criteria included the descriptors of "Acceptance and Commitment Therapy", "ACT", "anxiety", "specific phobia", "social phobia", "social anxiety", "panic disorder", "agoraphobia", "generalized anxiety disorder", "posttraumatic stress disorder", "PTSD", "obsessive and compulsive disorder", "OCD", "OCD spectrum disorders", "Hoarding disorder", "trichotillomania", "body dysmorphic disorder" and included all years up to 2014. 7 articles were included in this review.

Articles were included that applied ACT as a treatment, the main diagnosis of the sample was an anxiety disorder, studies with measures designed to identify the remission or reduction of anxiety. Articles were excluded if they did not include ACT in its entirety, we discard treatments that are only based on a process (eg mindfulness, acceptance or defusion), if the main diagnosis did not meet criteria for anxiety disorder (pej stress or isolated anxiety symptoms) and non-analytical studies (such as case reports or case series).

## Results

Table 1. Overview of included studies

Study	N (mean age)	Population	Design (format)	Outcomes
Avdagic et al. (2014)	51 (36,17)	GAD	ACT (G) vs CBT (G)	Each treatment condition demonstrated significant improvements on all measures from pre to post-assesment. ACT can lead to rapid clinical changes vs CBT, no differences between the groups were recorded at the follow-up (CBT were more gradual vs ACT).
Azadeh et al. (2016)	30 (15,6)	SAD	ACT (G) vs BC	ACT increases psychological flexibility and reduces interpersonal problems in the experimental group vs control group.
Craske et al. (2014)	87 (28,37)	SAD	ACT (G) vs CBT (G) vs WL	Both treatment groups outperformed WL, with no differences on self-report, independent clinician, or public speaking outcomes.
Gloster et al. (2015)	43 (36,7)	PD/A	ACT (G) vs WL	ACT demonstrated the efficacy for treatment – resistant patients with PD/A. The improvements were either maintained or improved in the 6 moths following treatment.
Ivanova et al. (2016)	152 (35,2)	SAD PD	IBTPts vs IBTPwt vs WL	The effect-size was somewhat lower than meta-analytic results from face-to-face ACT-treatment for anxiety disorders. ACT-based Internet delivered treatment program was effective in reducing general anxiety and social anxiety symptoms, but de results are modest and less than CBT-internet program.
Niles et al. (2016)	50 (28,4)	SAD	ACT (I)vs CBT (I) vs WL	No differences in treatment outcome emerged between ACT and CBT, negative thoughts decreased and willingness to have uncomfortable internal experiences increased, indicating that these treatments approaches overlap significantly in terms of their effect on cognitive change.
Vakili et al. (2015)	32 (26,96)	OCD	ACT (G) vs SSRIs vs ACT (G)+SSRIs	ACT and combined treatment presented significantly greater improvements in OCD symptoms than those resulting from SSRIs use. Combined treatment does not increase the effectiveness of ACT.

Note: Treatment: control condition-baseline condition (BC); internet based treatment program therapist support (ICBTts); internet based treatment program without therapist (IBTPwt); Selective Serotonin Reuptake Inhibitors (SRRI); wait list (WL). Diagnosis: generalised anxiety disorder (GAD); obsessive compulsive disorder (OCD); panic disorder or agoraphobia (PD/A); social anxiety disorder (SAD). Format: G=group, I=individual

## Conclusion

The review suggests evidence of ACT, showing results that are similar to the cognitive behavioural therapy, SSRI in obsessive compulsive disorder and an improvement of symptomatology in relation to the control group (waiting list). However, it is necessary to improve methodological aspects and to extend the study to other anxiety disorders whose evidence is still scarce (posttraumatic stress disorder, simple phobia, and other obsessive spectrum disorders).