



Acceptance and Commitment Therapy (ACT) For Generalized Anxiety Disorder

****Mohsen HASHEMINASAB¹, Jalil BABAPOUR KHEIRODDIN¹, Majid MAHMOOD ALILOO¹, Ali FAKHARI²***

1. *Dept. of Clinical Psychology, Faculty of Educational Sciences and Psychology, University of Tabriz, Tabriz, Iran*
2. *Clinical Psychiatry Research Center, Tabriz University of Medical Sciences, Tabriz, Iran*

***Corresponding Author:** Email: m.hasheminasaba@gmail.com

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Dear Editor-in-Chief

Acceptance and commitment therapy (ACT) for anxiety disorders is an innovative acceptance-based behavior therapy that focuses on decreasing the behavior regulatory function of anxiety and related cognitions, and has a strong focus on behavior change that is consistent with client values (1). Therefore, this therapeutic method has two main objectives: (a) training acceptance of problematic unhelpful thoughts and feelings that cannot and perhaps need not be controlled, and (b) commitment and action toward living a life due to chosen values. This indicates why ACT is about acceptance and it is about change at the same time. Applied to anxiety disorders, patients learn to end the struggle with their anxiety-related discomfort and take charge by engaging in actions that move them related to their chosen life aims (values). This method also teaches patients skills to appreciate and observe unfavorable thoughts and feelings just as they are instead of teaching “more, different, better” strategies to change or decrease unwanted thoughts and feelings. Therefore avoidance of anxiety along with flexibility in response to it and other forms of emotional discomfort provides an situation for individuals that actuate them in the direction of chosen life aims even when unpleasant thoughts, feelings, and bodily sensations are present (1, 2).

ACT not only applied to anxiety disorders but also attempted to reduce extreme struggle with anxiety and control unwanted private events along with experiential avoidance-efforts to down-regulate.

In this study, 3 consecutive referrals seeking treatment for anxiety disorders at a private practice were treated with 10 sessions of ACT.

The results of this study showed three consecutive cases who presented with anxiety disorders were treated with 10 sessions of a similar ACT for anxiety disorders protocol. Participants showed clinically significant pretreatment to post treatment changes in severity of anxiety disorders. This case series has experimental and clinical implications. Experimentally, this is the first study we are aware of using ACT for anxiety disorders to track changes in anxiety and avoidance using a time series design. Data from three cases is in no way definitive, but the consistency across all 3 participants is notable. These findings are supportive of a change process involving altering the function of anxiety over its severity. These data suggest that an anxiety disorder can successfully be treated by focusing on the functional impact of anxiety on behavior over the level of anxiety.

In evaluating the empirical status of ACT, it is important to overlook that one of its authors' primary intents was to create a trans diagnostic model

with broad applicability, including the treatment of problems that do not fit neatly into diagnostic categories. ACT protocol content does not vary much between applications, and this creates potential efficiencies in training and developing competence in settings where it is difficult to constrain the range of presenting complaints. To date, there has been no systematic investigation of the potential cost-effectiveness of ACT. There is some indication from Luoma et al.(3) and Arch et al.(4) that ACT is related to access more therapy, which may be advantageous if the alternative reduce the cost of treatment and also develop greater independence and self-management skills of clients as compared with alternative treatment. These possibilities warrant further investigation.

In conclusion, ACT helped the patient to introduce the sense that struggle and control may actually interfere with the patient's everyday functioning and life-aim attainment, and then explore that notion briefly in terms of patients' life experiences. To recognize and then abandon strategies that have neither helped patient improve his life aim attainment and quality of life nor actually provided any lasting relief from distress. This method was a constructive approach to behavior change of the client with a focus on enhancing quality of life. This is why perhaps the most necessary aim of the ACT program is to encourage patients to engage in life-aim direction. The Concentrate was on teaching patients acceptance and mindfulness skills as ways of learning to perceive unwanted anxiety-related responses fully and for what they are (i.e., thoughts as thoughts, physical sensations as physical sensations, images as images, feelings as feelings). The aim was learning to stay with anxiety. This part is described as “getting ready to face anxiety with mindful acceptance so you can get on with your life” Exposure practice provided an important opportunity for patient to develop

willingness to experience depression and GAD and to deal with it (1, 5).

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