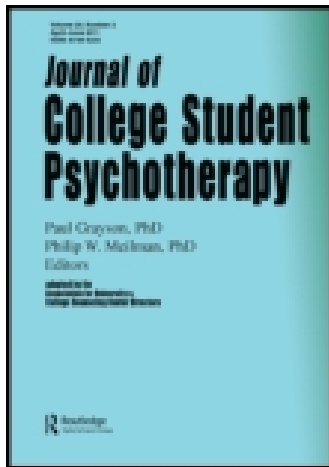


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A Case Study: An ACT Stress Management Group in a University Counseling Center

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The aim of this study was to examine the effectiveness of an acceptance and commitment therapy (ACT) stress management group in a college counseling center setting. This study explored (a) the effectiveness of ACT in increasing participants' ability to tolerate distress, which directly affects their ability to function in a stressful college setting; (b) the effectiveness of ACT in decreasing participants' level of experiential avoidance, which directly affects their willingness to engage in their day-to-day tasks, responsibilities, and social interactions; and (c) the impact of ACT treatment on anxiety symptoms traditionally targeted in cognitive-behavioral therapy interventions. The results of this initial investigation show promising support for the prediction that an ACT Stress Management Group would significantly reduce participants' level of experiential avoidance and increase their ability to tolerate distress.

KEYWORDS *acceptance and commitment therapy (ACT), college counseling center, group therapy, stress management*

Acceptance and commitment therapy (ACT) is a “third-wave” behavioral therapy, which recently has been gaining popularity and attention. While ACT is part of the cognitive-behavioral therapy (CBT) tradition, it has several distinct differences. CBT focuses on symptom reduction, with the goal of helping people feel better through the reduction of anxiety, depression, or other intense, sustained emotions. In addition, this symptom reduction is extended to a client's related cognitions and behaviors as explicit treatment goals (Coyne, McHugh, & Martinez, 2011). In contrast, ACT addresses how

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behavioral responses work for an individual rather than focusing on behaviors as symptoms of a diagnostic entity (Coyne et al., 2011). In other words, ACT therapists tend to be more interested in the *process* or *function* of a thought or behavior rather than its content. For example, an ACT therapist might view the behavior of procrastination as serving the function of avoiding discomfort such as anxiety, fear of failure, or pressure to succeed. The overarching goal of ACT is to create and expand psychological flexibility so that individuals may pursue their goals utilizing behaviors that are in line with their identified values.

To achieve this goal, ACT focuses on six overlapping and interrelated core processes: acceptance, cognitive defusion, self as context, contact with the present moment, values, and committed action. *Acceptance* involves being aware of and compassionate about unpleasant events (i.e., feelings, thoughts) without attempting to change their frequency or avoiding them. This involves opening up and allowing for unpleasant experiences, instead of struggling against or pushing them away. *Cognitive defusion* refers to understanding one's thoughts as merely verbal events rather than actual events, thereby changing how one interacts with them. For example, rather than allowing the unchallenged thought "I am stupid" one would say, "I am having the thought that I am stupid"—thereby distinguishing the thought from truth and gaining some flexibility and distance from it. *Self as context* is awareness that the self is distinct from one's thoughts and feelings, the ability to observe one's experience without being caught up in it. *Present moment awareness* refers to connecting fully to the here and now: focusing on moment-to-moment psychological events as they occur with a nonevaluative awareness rather than being lost in thoughts and failing to fully experience activities as they are occurring. *Values* refer to important domains in a person's life. They are not goals that can be attained, but rather guiding principles to help an individual identify what matters most in his or her life. *Committed action* is taking action guided by these values even though such action may be uncomfortable or difficult.

ACT treatment focuses on assisting clients to learn to accept and live with their symptoms, rather than attempting the impossible of eliminating, suppressing, or controlling them. ACT creates a willingness to accept all human experiences, whether pleasant or unpleasant, thus addressing rigidity and excessive attempts at avoidance (Soo, Tate, & Lane-Brown, 2011). Over the past several years, a growing body of research has demonstrated that ACT is effective in treating individuals with a wide range of behavioral and health issues, including depression, anxiety, substance use problems, smoking, diabetes, chronic pain, epilepsy, and work-related stress (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Specifically, there has been a great deal of research demonstrating ACT's efficacy in treating anxiety (Arch & Craske, 2008; Codd, Twohig, Crosby, & Enno, 2011; Eifert et al., 2009; Roemer & Orsillo, 2007; Roemer, Orsillo, & Salters-Pedneault, 2008). The ACT model of

anxiety disorders proposes that attempts at regulating anxiety are at the core of anxiety disorders rather than the presence of particular levels of anxiety (Codd et al., 2011). Thus, ACT aims to decrease avoidance of these inner experiences as the dominant response to anxiety (Codd et al., 2011). ACT proposes that trying to modify, change, or suppress anxious thoughts can be counterproductive and may intensify the struggle to rid oneself of anxious thinking (Arch & Craske, 2008). Through teaching clients how to end this struggle with their anxiety-related discomfort and take charge by engaging in actions, it allows clients to move closer to their values (Eifert et al., 2009).

While research has demonstrated ACT's efficacy for treating anxiety in individual therapy, little research has been conducted on ACT's effectiveness in a group format. Yet group-based interventions offer several advantages over individual therapy, such as increased cost effectiveness and increased access to treatment (Oei & Boschen, 2009). These advantages are especially important to university counseling centers, which encounter high client demand and struggles meeting those demands. Group therapy can potentially provide a way for college counseling centers to provide effective treatment to a large number of students with less strain on counselors' clinical load.

PRELIMINARY STUDY

The present small-scale study serves as a preliminary investigation of an ACT therapy group for college counseling clients presenting with issues related to stress and anxiety. Specifically, the aim of this study was to find out if ACT seemed to be effective in increasing participants' ability to tolerate distress, decreasing participants' level of experiential avoidance and hence willingness to engage in day-to-day tasks, responsibilities, and social interactions, and decreasing anxiety symptoms traditionally targeted in CBT interventions

Four clients participated in the ACT Stress Management Group and completed the pregroup and postgroup assessment packet. All four participants were Caucasian female undergraduate students (three freshmen and one sophomore) and were 19 or 20 years old. This was the first time participating in group therapy for all four participants. The group participants were either self-referred or referred by another faculty member from the counseling center, and were able to participate in the group even if they did not wish to participate in the informal research study, although all did give consent to participate.

Students were initially scheduled to meet with the group coleaders for an initial assessment, in which the group leaders assessed the students' fitness for the group, explained the group, and reviewed the group agreement. After this initial assessment, it was determined whether the student would be a participant in the group or not. The students were told that they would

be notified via e-mail of the start date of the group. A total of six students attended the initial assessment appointment, with two students choosing to participate in individual counseling rather than the group. The group was scheduled for nine sessions (due to the timing of the academic semester), with each session lasting one-and-one-half hours. The group was co-led by one of the staff psychologists and a doctoral-level practicum student.

During the first group session, the informed consent for the research study was explained and given. The group members then completed the pre-group assessment packet, which assessed demographic information; level of anxiety, assessed by the Burns Anxiety Inventory (Burns & Eidelson, 1998), a 33-item self-report inventory measuring 16 physical symptoms, 6 anxious feelings, and 11 anxious thoughts; experiential avoidance, assessed by The Acceptance and Action Questionnaire-2 (Bond et al., 2011), a 10-item scale based on a 7-point Likert-type scale; and distress tolerance, assessed by the Distress Tolerance Scale (O'Leirigh, Ironson, & Smits, 2007; Simons & Gaher, 2005), a 15-item scale based on a 5-point Likert-type scale. Group members completed the same assessment packet during the last group session as a postgroup follow-up.

A paired-samples *t*-test was conducted to compare participants' level of experiential avoidance, level of distress tolerance, and level of anxiety prior to starting the ACT Stress Management Group and after completing the group. On all three variables, positive results were found. Thus there was a significant difference in scores for level of experiential avoidance for pregroup ($M = 27.75$, $SD = 4.65$) and postgroup ($M = 47.50$, $SD = 2.38$) conditions, $t(3) = -13.23$, $p = .001$. There was a significant difference in scores for level of distress tolerance for pregroup ($M = 60.75$, $SD = .96$) and postgroup ($M = 38.75$, $SD = 10.78$) conditions, $t(3) = 3.82$, $p = .032$. There was a significant difference in scores for level of anxiety for pregroup ($M = 54.00$, $SD = 11.17$) and postgroup ($M = 24.00$, $SD = 14.07$) conditions, $t(3) = 7.46$, $p = .005$.

NATURE OF THE GROUP

The focus of the ACT Stress Management Group was on teaching students how to manage anxiety and stress. The six core principles of ACT (cognitive defusion, acceptance, contact with the present moment, observing the self, values, and committed action) were highlighted and reviewed throughout. Mindfulness and cognitive defusion exercises were practiced during group sessions and also assigned for homework. While the group was structured in nature, it also allowed time for students to process and discuss their experiences and struggles. Much of the content and structure of the group was based on Forsyth and Eifert's (2008) *The Mindfulness and Acceptance Workbook for Anxiety: A Guide to Breaking Free From Anxiety, Phobias, and*

Worry Using Acceptance and Commitment Therapy. Although the group had a session-by-session outline, the actual delivery of ACT was more akin to a fluid dance around the six core processes rather than a linear progression. There were several interrelated treatment targets that were continually revisited throughout therapy.

Each group session after the first one began and ended with a mindfulness exercise. Thus, group members learned and practiced a variety of mindfulness exercises throughout the course of the semester. The group format was more structured through the first half of the group, then became less and less structured as group members became more comfortable with one another and willing to open up and discuss their experiences with anxiety. Initially, the group was focused on teaching the core processes of ACT and ways to apply these themes to their day-to-day lives. For example, the concept of cognitive defusion was taught with the exercise of changing “I am ___” statements to “I am having the thought/feeling I am ____” statements. Group members cited this as an important exercise in helping them change how they viewed and experienced their anxiety.

The second session was focused on formulating and exploring members’ goals and values through the use of value worksheets, as a way to help them understand why they wanted to create changes and what changes they wanted to make. During this exercise, group members were able to see the areas of their life that were being impacted by their anxiety and start formulating goals in order to live a more value-based life. For example, one group member talked about being dissatisfied with her social life, since her anxiety prevented her from connecting with others and even at times going out socially. She said interpersonal relationships were important to her, something that she wanted to address. The group as a whole helped develop a plan with her on ways to manage her anxiety during these social situations and improve her interpersonal relationships. The group also provided accountability, inasmuch as group members would check in with one another each week about their goals and what they were doing to live in accordance with their values.

Halfway through the group, the group leaders checked in with the group members about their reactions. Group members reported positive experiences, especially citing the Chinese Finger Trap exercise, in which students were given a Chinese Finger Trap and asked to put it on their fingers and then attempt to remove it. The group coleaders highlighted how if one struggles to remove the finger trap it becomes tighter on their fingers; to remove it they have to push into the finger trap, in effect going with the flow. Members also singled out the cognitive defusion exercises, the mindfulness exercises, and the review of goals and values as being helpful. Group members added that they liked having time and space for discussing their experiences with anxiety and ways to address them. On several occasions, group members

expressed relief at connecting with other people who have experienced anxiety, who they felt could understand what they were going through.

One specific discussion that group members found particularly helpful related to what they miss out on experiencing in the here and now because their thoughts and anxiety get in the way. Group members talked about what it was like to acknowledge and keep their thoughts without letting them get in the way of what they were doing. This was a consistent theme throughout the group sessions, with group members talking about living a values-based life rather than living in fear and “what if.”

In the final session, the group members took the postgroup measures and reviewed the results of the pregroup/postgroup measure comparison. Group members reported that the change in their scores fit with the improvement they felt, noting that the change process was gradual and not immediately noticeable, that they recognized progress when they received feedback from their friends or noticed they were managing things differently. The group therapy ended with members processing what they found helpful and unhelpful. They stated it was difficult at the beginning, especially with the structure and the coleaders talking a lot. They found the discussion part more helpful and enjoyable but noted that the initial structure was needed and helped to build comfort with one another.

DISCUSSION

The results of this small-scale investigation show promising support for the effectiveness of an ACT Stress Management Group in reducing participants' level of experiential avoidance, increasing their ability to tolerate distress, and even reducing anxiety symptoms—the last an unexpected benefit and not a main goal of ACT. As previous research has demonstrated (Ossman, Wilson, Storaasli, & McNeill, 2006), symptom reduction is usually a byproduct or second-order change of learning and engaging in the principles of ACT.

The changes in the test measures and the participants' own reports are consistent with the major tenets and goals of ACT, especially in regards to experiential avoidance and distress tolerance. Experiential avoidance is believed to be a key behavioral feature of many forms of psychological suffering, especially anxiety (Hayes, Strosahl, Bunting, Twohig, & Wilson, 2004). In experiential avoidance, one seeks temporary relief from certain undesired and uncomfortable experiences (i.e., sensations, feelings, thoughts, memories) by attempting to escape and avoid them. Experiential avoidance is typically expressed in two primary ways, through behavioral suppression of aversive experience, or behavioral distancing from particular events that occur with the onset of aversive experiences (Ossman et al., 2006). This escape and avoidance have clear adaptive functions in the short term; if one needs to focus while taking an exam, it is necessary to avoid or suppress

thoughts and feelings about an argument with one's partner. In the long term, however, pervasive experiential avoidance creates social, health, and psychological risks. For example, if a student avoids talking to the professor until the end of the semester about struggles in class because of fears of being negatively perceived, the delay in getting help may result in failing the class. In general, the harder one works to escape and avoid, the longer and more intense the suffering will be (Ossman et al., 2006).

A key factor overcoming avoidance is distress tolerance—the ability to endure feelings of discomfort. In order to be able to experience unpleasant sensations, thoughts, feelings, and memories, one has to be *okay* with—accepting of—experiencing them. Keough, Riccardi, Timpano, Mitchell, and Schmidt (2010) have found that distress tolerance is associated with anxiety symptoms; as one's ability to tolerate distress increases, one's fear of anxiety-related symptoms decreases. Keough and colleagues (2010) suggested that an inability to tolerate distress is associated with an increased vulnerability to experience anxiety symptoms. Thus, it is no surprise that our ACT group found both a decrease in experiential avoidance and an increase in one's ability to tolerate distress.

Although the members' favorable reports and the positive changes in the measures provide support for the use of an ACT therapy group in a college counseling center, our conclusions must of course be interpreted with caution. Obviously, we had a very small group and homogeneous sample. Another limitation is the absence of a control group condition to test whether participation in the group accounted for the changes as opposed to, for example, the passage of time. However, the within subjects design of this study used the treated participants as their own controls in order to compensate for this design limitation. A final limitation of this study is the lack of a follow-up with the participants at a later date after the completion of the group. Without this follow-up, it is uncertain if the changes seen in group members lasted after the group ended. Future research should seek to follow up with group participants to examine if this change is lasting.

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