



# FOCUS ON RESEARCH

## **A Parallel group Randomised Open Blinded Evaluation of Acceptance and Commitment Therapy for Depression After Psychosis: A Pilot Trial (ADAPT)**

### **Researchers**

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### **Aim**

The study was designed as a Pilot Trial to determine the parameters of a larger, definitive pragmatic multi-centre (UK wide) randomised controlled trial of Acceptance and Commitment Therapy for depression after psychosis (ACTdp) for individuals with a diagnosis of schizophrenia who also meet diagnostic criteria for major depression.

### **Project Outline/Methodology**

The study was a randomised controlled trial comparing two treatment conditions: Standard Care (SC) or Acceptance and Commitment Therapy for depression after psychosis plus SC (ACTdp+SC). Participants were individuals who had a diagnosis of Schizophrenia and Major Depression. ACTdp aims to enhance participants engagement with personally valued goals and activities through increasing mindfulness and psychological flexibility. ACTdp was delivered by trained therapists over five months. Assessments of depression, mindfulness, psychological flexibility and psychiatric symptoms were undertaken before randomisation, and at 5 and 10-month follow-up. Patterns of service usage were also documented in both groups.

### **Key Results**

Twenty-nine participants were fully assessed before being randomized to ACTdp+SC (n=15) or SC (n=14). In terms of follow-up of ACTdp+SC, two participants declined follow-up at 5-months and we were unable to follow-up 1 further participant at 10-months. In SC, 1 participant declined follow-up at 10-months.

On average 17.4 (s.d.=5.9) ACTdp sessions were scheduled, and 15.4 (s.d.=6.2)

were attended by participants. Of the remaining sessions, 0.7 (s.d.=1.4) were cancelled and 1.2 (s.d.=1.5) not attended. The proportion of participants attending 10 or more sessions (our *a priori* definition of an adequate number of sessions) was 10 (71.4%).

We observed significant effects in favour of ACTdp+SC in terms of improving depression (our primary outcome) and increased mindfulness and psychological flexibility (ACTdp therapeutic processes).

### **Conclusions**

ACTdp is a potentially effective intervention for depression in the context of psychosis. The development of future large scale generalizable randomised controlled trials to improve depression and functioning in people with schizophrenia and other psychoses required.

### **What does this study add to the field?**

Depression is a major contributor to loss of quality of life in schizophrenia and other psychotic disorder. There is an absence of evidence for empirically supported psychological and pharmacological therapies for depression in the context of psychosis.

### **Implications for Practice or Policy**

There is an important need to develop therapeutic interventions designed to reduce depression in psychosis and enhance engagement in valued activities and goals.

### **Where to next?**

Based on these outcomes of the pilot, we are now well placed to deliver a larger scale full trial of ACTdp plus Enhanced Standard Care versus Enhanced Standard Care alone.

### **Further details from:**

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