

COMPARING ACCEPTANCE AND COMMITMENT GROUP THERAPY AND THE TWELVE STEP FACILITATION FOR ALCOHOL USE DISORDERS: A RANDOMIZED CONTROLLED TRIAL PROPOSAL

Nadina Pantea

Babeş-Bolyai University, Department of Clinical Psychology and Psychotherapy



OBJECTIVE

A randomized clinical trial is proposed to test the effectiveness of an Acceptance and Commitment group Therapy (ACgT) on reducing the severity of alcohol dependence in Alcohol Use Disorders, compared to the the Twelve Steps Facilitation(TSF) used in Alcoholics Anonymous and a Waitlist (WL).

HYPOTHESES

The hypotheses are>

1. ACgT group will show a lowered severity of alcohol dependence compared to the TSF and WL groups at post-test, with maintained results at follow-up.
2. Changes between pre-post-test and pre-follow-up in psychological flexibility will predict a lowered severity of alcohol dependence
3. Psychological flexibility is a mediator in the relationship between the intervention used and the severity of alcohol dependence.

INTRODUCTION

The topic of fighting addiction has always been relevant, but nowadays the number of its victims could be considered alarming. A report made by the World Health Organization (2014) found that around 5.9% of all global deaths in 2012 could be attributed to alcohol consumption. An article on the global alcohol consumption published in The Lancet reveals an alarming increase in per-capita consumption of alcohol (from 5.9 liters to 6.5 liters) from 1990 to 2017 (Manthey et al., 2019).

One of the most notorious and researched forms of recovery treatment is the one proposed by Alcoholics Anonymous, using the Twelve Steps Facilitation (Nowinski, Baker, & Carroll, 1999). Albeit the most used form of group treatment for Alcohol Use Disorders, the Twelve Step Facilitation Program benefits from poor evidence of its guaranteed efficacy, given a spectrum of contradictions in the results throughout literature.

Hayes & Strosahl (2004) investigated Acceptance and Commitment Therapy and Substance Abuse and Dependence. They propose an evidence-based perspective that suggests experiential avoidance plays a role in the development of addiction and discourages seeking treatment. Trying to control or alter unwanted private events and unpleasant emotions could explain this way how a drinking pattern forms, predisposing an individual to an AUD. ACT Intervention Strategies for AUDs work with Values, Acceptance, Defusion, Committed Action.

Contingencies between ACT and TSF have been observed throughout scientific literature in domains such as values' assessment, control as a problem, spirituality, defusing language and applied willingness, (Wilson, Hayes & Byrd, 2000; Hayes et al., 2004).

PARTICIPANTS AND PROCEDURE

Participants will be included from a population aged 18-65, using convenience sampling. Criteria of inclusion consist of having an AUD, and being within the age group proposed. A minimum of 75 individuals should partake to the study, randomized into three groups based on the interventions: an experimental group that will receive ACgT, an active control group that will receive TSF and a control group (Waitlist). Psychological flexibility, severity of alcohol dependence and diagnostic status will be assessed before the interventions begin (pre-test), after their completion (post-test) and at a 12-month follow-up.

INTRUMENTS

1. *Alcohol Use Disorder Identification Test (AUDIT)* – used for screening (Saunders et al., 1993).
2. *Structured Clinical Interview for DSM-5 (SCID-5)* – used for screening and clinical evaluation (First et al., 2015)
3. *Severity of Alcohol Dependence Questionnaire (SADQ-C)* – used for assessemnt of alcohol dependece (Stockwell et al., 1979)
4. *Acceptance and Action Questionnaire (AAQ)* – used for assessment of psychological flexibility (Hayes et al., 2004)

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PROTOCOL

The ACgT protocol is split into thee phases: sessions 1-3 are the introductory parts, sessions 4-9 work with the hexaflex, and sessions 10-12 target commitment and valued trajectories. A brief description of each session is here:

Session No.	Main Theme	Techniques used
Session 1	Welcome and Introduction	direct dialogue
Session 2	Introducing ACT	role play for understanding the core mechanisms & processes
Session 3	Managing alcohol issues	metaphors for AUD management
Session 4	Mindfulness	breathing exercises and meditation
Session 5	Control and Being Present	metaphors and experiential exercises
Session 6	Creative Hopelessness	metaphors and paradoxes
Session 7	Willingness and Acceptance	willingness and experiential exercises
Session 8	Defusion	defusion exercises and mindfulness
Session 9	Observing Self	metaphors, deliterazation exercises
Session 10	Values	metaphors for values
Session 11	Committed Action	direct dialogue and mindfulness
Session 12	Termination	open discussion

EXPECTED RESULTS

Two-way mixed 3x3 ANOVA with repeated measures will be used to find an interaction between the intervention used and the time of testing. It is expected that the participants in the ACgT group will have a more notable reduction in severity of dependence compared to the TSF group and the WL group, $p < 0.05$.

Mediation analysis will be used to study if psychological flexibility is a mediator between the intervention used and severity of alcohol dependence. It is expected that the association between the intervention used and changes from pre-test to post test, respectively the changes from pre-test to follow-up in the severity of alcohol dependence will be mediated by the changes over time in psychological flexibility.

CONTRIBUTIONS

The theoretical contributions this study could have go into two directions. First, it could give a better conceptualization and more data on the contingencies between ACT and TSF. This could have implications on how to look at two interventions conceptually different, though a similar changing mechanism. Second, this study has to potential to show a better understanding of psychological flexibility and its relation with Alcohol Use Disorders

The practical contributions consist of testing psychological flexibility as a changing mechanism for an intervention. This has implications by teaching participants the processes involved in the hexaflex, which could have an impact on how participants will manage their alcohol issues. By doing tis, they could learn valuable lessons and practical skills.

CONCLUSIONS

Acceptance and Commitment group Therapy could be a useful alternative form of treatment for Alcohol Use Disorders. Psychological flexibility could be a reliable mechanism of change in treatments for the severity of alcohol dependence. This approach could offer a solution to the problematic aspects underlying the growing prevalence of Alcohol Use Disorders.