Acceptance and Commitment Therapy for Major Depressive Disorder

Deployment Health Clinical Center Psych Health Evidence Briefs July 2017

Q. What is acceptance and commitment therapy?

A. Acceptance and commitment therapy (ACT) is considered a "third wave" cognitive and behavioral therapy (CBT), a new generation of psychological therapies developed to overcome potential limitations of traditional "second wave" CBT treatments (behavioral therapy is considered "first wave"). ACT was developed to extend and deviate from traditional CBT by emphasizing components of mindfulness, personal values, and committed actions as key ingredients of the psychotherapy. ACT aims to help people increase awareness of their thoughts without judging or struggling with the content of the thoughts (Hunot et al., 2013), often through techniques such as mindfulness. In ACT, patients are encouraged to reflect on their personal values and make committed actions to engage in behaviors that are in line with their values (despite the presence of distress) as a strategy to overcome avoidance and increase positive affect.

Q. What is the treatment model underlying ACT?

A. Experiential avoidance is considered the underpinning of psychological distress in ACT. ACT is grounded in relational frame theory (RFT), which suggests that processes such as avoidance and suppression are built into human language and cognition (Hayes, 2004). ACT challenges the Western assumption of "healthy normality" as the absence of distress; symptom reduction is not a primary goal of ACT. Rather, the ACT framework considers suffering a normal by-product of living that is tolerated in the pursuit of a meaningful life.

Q. Is ACT recommended in the Military Health System (MHS)?

A. **Yes.** The *2016 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder* gives the highest strength of recommendation (Strong For) for ACT for major depressive disorder (MDD). ACT has met the burden of evidence required by the most recent VA/DoD publications and is recommended as a first-line treatment.

The MHS relies on the Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other guidelines and evidence reviews recommend ACT for MDD?

A. **No.** Other authoritative reviews have not substantiated the use of ACT for treating MDD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository and the Cochrane Database of Systematic Reviews.

- AHRQ: A comparative effectiveness review of pharmacological and psychological treatments for depression did not find any eligible studies of ACT (Garthlehner et al., 2015).
- Cochrane: A 2013 review comparing "third wave" CBT to other psychological therapies for depression found very low quality evidence suggesting that ACT and CBT are equally effective and acceptable in the treatment of acute depression (Hunot et al., 2013). A 2013 review comparing "third wave" CBT to treatment as usual found very low quality evidence suggesting that "third wave" CBT, including ACT, appears to be more effective in the treatment of acute depression (Churchill et al., 2013).

Q. What conclusions can be drawn about ACT as a treatment for MDD?

A. ACT is recommended as a front-line treatment for MDD. Clinicians should consider several factors when choosing an evidence-based treatment for their patient. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

**Find the full series of Psych Health Evidence Briefs, provide feedback and subscribe to receive future briefs at http://www.pdhealth.mil/research/evidence-synthesis/evidence-briefs.*

References

Churchill, R., Moore, T. H., Furukawa, T. A., Caldwell, D. M., Davies, P., Jones, H., . . . Hunot, V. (2013). 'Third wave' cognitive and behavioural therapies versus treatment as usual for depression. *Cochrane Database of Systematic Reviews*, *10*, CD008705.

Department of Veterans Affairs/Department of Defense. (2016). *VA/DoD clinical practice guideline for management of major depressive disorder*. *Version 3.0*. Washington, DC: Department of Veterans Affairs/Department of Defense.

Gartlehner, G., Gaynes, B. N., Amick, H. R., Asher, G., Morgan, L. C., Coker-Schwimmer, E., … Lohr, K. N. (2015). *Nonpharmacological Versus Pharmacological Treatments for Adult Patients With Major Depressive Disorder*. Comparative Effectiveness Review No. 161 (AHRQ Publication No. 15(16)-EHC031-EF). Rockville, MD: Agency for Healthcare Research and Quality.

Harris, R. (2006). Embracing your demons: An overview of acceptance and commitment therapy. *Psychotherapy in Australia*, *12*, 2–8.

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, *35*, 639–665.

Hunot, V., Moore, T. H., Caldwell, D. M., Furukawa, T. A., Davies, P., Jones, H., . . . Churchill, R. (2013). 'Third wave' cognitive and behavioural therapies versus other psychological therapies for depression. *Cochrane Database of Systematic Reviews*, *10*, CD008704.

Released July 2017 by Deployment Health Clinical Center, a Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury Center.
This product is reviewed annually and is current until superseded.
301-295-7681 | pdhealth.mil PUID 4322