ACT with Wisdom: Utilizing a Group Model of Acceptance and Commitment Therapy to Increase the Level of Psychological Resilience in Older Adults

A Proposal Submitted to:
NSU Quality of Life Faculty Community-Based Applied Research Grant FY2012
Objectives of Study

Improve quality of life of older adults in Broward by:

1. Implementation of an eight week group based on the principles of ACT, an evidence-based therapy*

2. Facilitate change in levels of psychological flexibility and resilience

*Currently, there is no formal research using ACT in a group setting with older adults
The Department of Health and Human Services, Administration on Aging, released a report in 2001 which highlighted several issues encountered by the older adult population:

- The elderly population is projected to grow rapidly between 2010 and 2030 as the 76 million “baby boomers” reach 65 years of age.
- By 2030, older adults will account for 20% of the population.
- During the normal process of aging, older persons encounter stressors that may trigger both appropriate and distorted emotional responses.
- Two of the most stressful unplanned life events include declines in health and loss of loved ones.
- Older adults are better equipped to adaptively handle these events when they have developed useful coping skills, social support, and maintaining a sense of control over their environment.

A positive correlation between stress resistance and longevity also appears to exist, which highlights a strong need for stress management training and the acquisition of stress reduction techniques for older adults.
Our Partners

• NSU’s Lifelong Learning Institute

• Community Foundation of Broward
  Re-engAGE for Good initiative Grantees:
  Culture Center of Hollywood; Center for Technology, Enterprise, and Development, Inc/Florida Women’s Business Center; Greater Ft. Lauderdale Chamber of Commerce; Impact Broward; Leadership Broward; Museum of Discovery and Science; Right Management Consultants “Booming Voices”
Recruitment

- 10 participants recruited through information disseminated to directors of the identified programs.
- Group members are selected on a first come first served basis.
- Potential group members are interviewed by phone to determine ability to attend all 8 sessions located at the LLI. This means both cognitive and physical ability.
Program Design

Mixed Methodology

• Quantitative (administered pre and post group)
  – Resilience Scale (Wagnild & Collins, 1993)
  – The Acceptance and Action Questionnaire (AAQ-II)
    • (Bond et al., 2011)

• Qualitative
  – Claudia Martinez, psychology intern, will observe and take notes during each group
  – Individual exit interviews using open-ended questions, i.e. What was your experience of the group?
Program Design cont’d

• Training - Investigators will receive training and consultation from a psychologist whose expertise is Acceptance and Commitment Therapy
Data analysis

- Investigators will code and analyze data from Resilience Scale and AAQ-II.
- Exit interviews will be audio-recorded and transcribed. Investigators will analyze the data independently and identify themes.
- Group participants will receive the data for their feedback (member checking).
What is ACT?

• Evidence-based therapy
• Developed by Steven Hayes, Kirk Strosahl, and Kelly Wilson over a period of 18 years of research (first book published in 1999)
• Draws on CBT, RFT, existential, humanist, Eastern, and human potential theories
• Suffering is a basic characteristic of human life
Be here now: contact with the present moment

Acceptance: Open up

Defusion: Watch your thinking

Psychological Flexibility: Be present, open up & do what matters

Values: know what matters

Committed action: Do what it takes

Self-as-context: pure awareness
Core Clinical Processes in ACT

- **Acceptance**: Foster acceptance and willingness while undermining the dominance of emotional control and avoidance in an individual’s response hierarchy.

- **Defusion**: Undermine the language-based processes that promote fusion and unhelpful evaluation, and thus cause private experiences to function as psychological barriers to life-promoting activity.

- **Contact with Present Moment**: Live more in the present moment, contacting more fully the ongoing flow of experiences as it occurs.

- **Self-as-Context**: Make experiential contact with the distinction between self-as-context versus the conceptualized self to provide a position from which acceptance of private events is less threatening.

- **Values**: Identify valued outcomes in living that will legitimate confronting previously avoided psychological barriers.

- **Committed Action**: Build larger and larger patterns of committed action that are consistent with valued life ends.
Group Structure

• The group will be a safe place in which to share thoughts, feelings, and ideas.
• The group will be led by Blaise Amendolace, Psy.D and Jacquelyn Browne, Ph.D, L.C.S.W. with assistance from Claudia Martinez, B.A.
• The 8 sessions will include lunch, an introduction to ACT, 6 sessions to present and experience the 6 core principles of ACT, and a final session to wrap up, synthesize, and provide feedback. Members will receive *The Happiness Trap* (2008) by Russ Harris at last session.
• Each group session will consist of a mindfulness exercise, discussion of core principles, and ACT experiential exercises.
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References


