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Acceptance and Commitment Therapy for Depression: A Preliminary Randomized Clinical Trial for Unemployed on Long-Term Sick Leave

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This preliminary study investigated the feasibility of a brief Acceptance and Commitment Therapy (ACT) in a Swedish sample of unemployed individuals on long-term sick leave due to depression. Participants were randomized to a nonstandardized control condition (N=16) or to the ACT condition (N=18) consisting of 1 individual and 5 group sessions. From pretreatment to 18-month follow-up the ACT participants improved significantly on measures of depression, general health, and quality of life compared to participants in the control condition. The conditions did not differ regarding sick leave and employment status at any time point. The results indicate that ACT is a promising treatment for depression. The need for further refinements of future ACT protocols for this population is discussed.

Depression is one of the most common reasons for long-term sick leave (≥ 60 days) in Sweden (Försäkringskassan, 2010). Most individuals on physician-certified sick leave in Sweden are granted financial support from the Social Insurance Office. A substantial proportion (6% to 17%) of those on long-term sick leave are unemployed (Försäkringskassan). Individuals on long-term sick leave from unemployment due to psychiatric illness are particularly unlikely to return to work (Riksförsäkringsverket, 2002). Unemployment is associated with increased levels and persistence of depressive symptoms (Paul & Moser, 2009), worse treatment outcomes in depression (Sherbourne, Schoenbaum, Wells, & Croghan, 2004), and increased risk of suicide (Johansson & Sundquist, 1997; Kposowa, 2001). Sick absenteeism predicts future depression (Melchior et al., 2009) and is associated with an increased risk of suicide (Vahtera, Pentti, & Kivimäki, 2004). There are effective treatments and interventions available for depression (Cuijpers, van Straten, van Oppen, & Andersson, 2008), unemployment and sickness absenteeism (see Wesson & Gould, 2010, for a review), when dealing with each problem considered separately. To date, however, no studies have

targeted the effect of psychological treatment for the combination of sick leave from unemployment due to clinical depression.

Acceptance and Commitment Therapy (ACT) has shown promising results for individuals on short-term sick leave (< 20 consecutive days) among Swedish health service employees (Dahl, Wilson, & Nilsson, 2004). This preliminary randomized trial found a decrease in sick leave due to pain and stress problems in the ACT group after four sessions compared to treatment as usual. ACT, in individual and group format, has been compared with cognitive therapy for depression and was found equally effective (Zettle & Hayes, 1986; Zettle & Rains, 1989). These trials had small samples and the treatment, an older version of ACT called Comprehensive Distancing, was delivered in 12 weekly sessions. Forman, Herbert, Moitra, Yeomans, and Geller (2007) used a contemporary version of ACT and included both anxious and depressed individuals ($N=101$). They found that ACT and cognitive therapy produced equal outcomes. A randomized trial for patients with substance abuse and depression showed that an addition of ACT to treatment as usual resulted in shortened inpatient treatment duration (Petersen & Zettle, 2009). Thus, ACT may be an effective intervention for sick leave reduction and for depression.

ACT may be applied to a variety of psychological issues and is not bound by diagnoses but the processes involved in the clinical issue. However, different problems or disorders may warrant adaptations in the use of certain interventions and/or emphasis on certain processes. In ACT, depression

¹ Video patients/clients are portrayed by actors.

Keywords: Acceptance and Commitment Therapy (ACT); depression; long-term sick leave; unemployment; RCT

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is conceptualized as a secondary emotion that arises from struggling to avoid normal and adaptive emotional reactions to distressing life events, for example, loss (Zettle, 2007). Job loss is relevant to those on sick leave or unemployed as job loss increases depression (Price, 1992). The ACT approach to thoughts in general and negative thoughts in depression does not emphasize the content, form, or frequency of thoughts as problematic. Instead, how one relates to them (i.e., the function of thoughts) is highlighted. The tendency to behave in accordance with the content of thoughts is called “cognitive fusion”; it is via “defusion” and other processes that clients learn to hold thoughts more lightly and choose action based on values instead of the content of thoughts. Defusion was found to mediate outcomes in Zettle and Hayes’ (1986) and Zettle and Rains’ (1989) trials for depression (Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Zettle, Rains, & Hayes, 2011). An example of fusion, relevant to depression, is high investment in finding the cause of one’s depression (e.g., past events, emotions, and thoughts) and repeated attempts to eliminate or “fix” the cause, even though it is often impossible or unhelpful (e.g., in the case of past events). The focus on the cause, referred to as “reason giving,” of one’s depression may increase rumination (Addis & Carpenter, 1999) and depression (Hayes et al., 2004). Those who can offer more reasons for being depressed respond less favorably to treatment (Addis & Jacobson, 1996). In ACT there is also a focus on engaging the individuals in committed action coherent with their values in multiple life areas (Twohig, 2012–this issue). Individuals with depression have low engagement in pleasurable activities (Lewinsohn & Graf, 1973; MacPhillamy & Lewinsohn, 1974) and Plumb, Hayes, Hildebrandt and Martin (2007) found a negative association between level of valued action and depression. Thus, the data on the processes involved in ACT further support the investigation of ACT for the targeted population.

The aim of the current study was to investigate the feasibility of a brief trial of ACT, (mainly in group format), for unemployed individuals on long-term sick leave due to depression. Follow-up was conducted 18 months after treatment to investigate the sustainability of ACT for depression. It was hypothesized that participants in the ACT condition would improve significantly on self-rating measures of depression, general health, stress, and quality of life compared to a nonstandardized control group at posttreatment and follow-up. Another aim was to investigate if ACT would prevent transition into disability pension, prevent prolonged sick leave, or lead to increased employment rates compared with controls.

Method

Participants

Participants were recruited from a Regional Social Insurance Office in a midsized Swedish city. This is a

national authority responsible for management of the social insurance (e.g., financial compensation) for Swedish citizens unable to earn their income due to disability or illness (i.e., individuals on sick leave or disability pension). The social insurance benefits depend on a certificate from a physician stating the diagnosis and the degree of incapacity (25%, 50%, 75%, or 100%). The duration of the sick listing period depends on the pervasiveness of the incapacity. If incapacity is permanent or long lasting, individuals may be granted disability pension (referred to as *sickness compensation* by the Social Insurance Office). When incapacity is temporary the financial compensation is called *sickness benefit* (this is referred to as being “on sick leave” in this study). Unemployed individuals on sick leave or disability pension are not required to apply for work or take part in other mandatory activities for the unemployed.

Inclusion criteria were as follows: (a) a diagnosis of unipolar depressive disorder as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (American Psychiatric Association, 1994); (b) unemployment; (c) temporary sick leave (100% incapacity) due to depression; and (d) an age between 18 and 65 years. The exclusion criteria were as follows: (a) ongoing psychotic illness; (b) alcohol or substance abuse disorder; and (c) explicit suicidal plans. Through register search, the Regional Social Insurance Office identified 100 potential participants out of which 35 accepted the invitation (see Figure 1).

All participants were Caucasian and the majority were females (88.2%). The mean age was 43 years (see Table 1). Participants had been on consecutive sick leave for a mean of 351 days ($SD=152.44$) and all participants (except one in the control condition) were on long-term sick leave (i.e., ≥ 60 days). Participants had, on average, one additional somatic or psychiatric diagnosis. Almost 80% of the participants used antidepressant medication and over 80% were single, divorced, or widowed.

Procedure and Design

Approval for the present study was obtained from the Regional Ethics Committee. Potential participants were identified through the Regional Social Insurance Office database. All diagnoses were established by each participant’s M.D. (in most cases a psychiatrist) and were noted on their sick leave certificate. Participants were identified subsequent to prescribed sick leave. Thus, there was no control of diagnostic procedures. All eligible individuals were invited via a letter consisting of forms for informed consent and self-report measures. Participants who returned the forms and measures were randomized to ACT or the control condition. The first individual ACT session (60 to 90 minutes) was followed by five group sessions (120 to 180 minutes). ACT was delivered in the

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