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## **Q: What is acceptance and commitment therapy?**

**A:** Acceptance and commitment therapy (ACT) is considered a “third wave” cognitive 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 extends and deviates from traditional CBT by emphasizing components of mindfulness, personal values, and committed action as key components of the psychotherapy. ACT aims to help people increase awareness of their thoughts without judging or struggling with the content of the thoughts and without trying to change them (Hunot et al., 2013) through techniques such as mindfulness and cognitive defusion (i.e., non-judgmentally noticing thoughts rather than attaching to them and reacting to them). In ACT, patients identify valued life domains and “committed actions” that allow them to live in alignment with their values. By doing so, they overcome their experiential avoidance and increase positive affect, despite the presence of distress.

## **Q: What is the treatment model underlying ACT for major depressive disorder (MDD)?**

**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 as a treatment for MDD in the Military Health System (MHS)?**

**A:** Yes. The 2022 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder recommends ACT as a treatment for uncomplicated mild to moderate MDD, with a “weak for” strength of recommendation.

*The MHS relies on the VA/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 authoritative reviews recommend ACT as a treatment for MDD?**

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

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. Notable among these is Cochrane, an international network that conducts high-quality reviews of healthcare interventions.

- Cochrane: A 2013 systematic 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 systematic 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 the use of ACT as a treatment for MDD in the MHS?**

**A:** The 2022 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder recommends offering ACT as one option among a number of evidence-based psychotherapies and pharmacotherapies. Selection of a treatment approach should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

**References**

Churchill, R., Moore, T. H., Furukawa, T. A., Caldwell, D. M., Davies, P., Jones, H., Sinohara, K., Imai, H., Lewis, G., & Hunot, V. (2013). ‘Third wave’ cognitive and behavioural therapies versus treatment as usual for depression. *Cochrane Database of Systematic Reviews*, 10. <https://doi.org/10.1002/14651858.CD008705.pub2>.

Department of Veterans Affairs/Department of Defense. (2022). VA/DoD clinical practice guideline for management of major depressive disorder (version 4.0). <https://www.healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFinal508.pdf>

Harris, R. (2006). Embracing your demons: An overview of acceptance and commitment therapy. *Psychotherapy in Australia*, 12(4), 70-76.

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, 35(4), 639–665. [https://doi.org/10.1016/S0005-7894\(04\)80013-3](https://doi.org/10.1016/S0005-7894(04)80013-3)

Hunot, V., Moore, T. H., Caldwell, D. M., Furukawa, T. A., Davies, P., Jones, H., Honyashiki, M, Chen, P., Lewis, G., & Churchill, R. (2013). ‘Third wave’ cognitive and behavioural therapies versus other psychological therapies for depression. *Cochrane Database of Systematic Reviews*, 10. <https://doi.org/10.1002/14651858.CD008704.pub2>