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Senior Project Proposal
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19 December 2016

I. Title of Project
The Time to ACT is Now

II. Statement of Purpose
Psychology can be applied to almost everything. This field can help one to better understand why people behave the way they do or why companies market their products the way they do and even why we have the thoughts we do. Through psychology, one can have an alternate perspective of the world which allows them to think more subjectively and act more compassionately. If someone can better understand the motives and backgrounds of others, they can better analyze how and why specific people react to certain triggers or situations. I want to better understand the psychology behind mental disorders and answer the question "What type(s) of conditions is Acceptance and Commitment Therapy (ACT) most effective for?"

III. Background
I first realized that I wanted to pursue a career in Psychology in 8th grade. I had to write an essay for my English Language class comparing two possible career choices and I was hooked when I found out that I could be paid to analyze how humans think and act, to listen to their troubles and counsel them, all while learning to better understand both myself and the people around me. The thought of potentially being a counselor was one which both excited and fascinated me and I wanted to learn more about how my brain functions and why I behave the way I do. I wanted to talk to people and help them in any way I could, pushing me towards an interest in psychiatry. When I took the AP course in 10th grade, I thoroughly enjoyed reading the textbook, something which had never happened before and which I had never believed to be possible. I am still completely enamored with this field and wish to learn everything which I can about it so as to be the best possible counselor some day, as cheesy as that may sound.

IV. Prior Research
Acceptance and Commitment Therapy (ACT) is a form of cognitive-behavior therapy which focuses on promoting acceptance and mindfulness so as to improve quality of life. Studies have shown that ACT can aid epileptic individuals in achieving this goal.

Tobias Lundgren of the Uppsala Universitet in Sweden wrote "ACT Treatment of Epilepsy: Time for a Behavioral Model?" in support of ACT being implemented in treatment for those who suffer from epilepsy. Various places and things can serve as triggers for epileptic seizures, fostering negative thoughts and emotions which worsen and amplify the consequences of epilepsy as they contribute to seizing. He explains the high suicide rates among individuals with epilepsy and how a treatment option which focuses on acceptance would improve quality of life by alleviating stress

and reducing the frequency of seizures. He demonstrates throughout his paper that ACT benefits individuals with epilepsy by facilitating a more “normal” life through less frequent seizing.

In the CDC’s Morbidity and Mortality Weekly Report (2008), an epilepsy surveillance was conducted in 19 states to determine behavioral risk factors. They found that sex and race are not correlated to epilepsy but that sufferers were more likely to have poor health and low income. Also, incidence rates are more common among children and elders as these age groups are more susceptible to triggers, such as watching television or lack of sleep, and due to the development of infections or trauma. Additionally, as epilepsy is not necessarily a lifelong disorder, considered inactive if the individual has not had a seizure in the past 3 months, this shows that long term treatments such as ACT could potentially lead to long-term or permanent suppression of epileptic seizures and the associated side effects.

In “Epilepsy and Children’s Social and Psychological Adjustment” from The Journal of Health and Social Behavior, the occurrence of epilepsy in children and causes of this disorder are explained. Authors, S. Carlton-Ford et al., state that epileptic children often have low self-esteems and are sensitive to change. They are also more co-dependent than other children and those with poor seizure control have more anxious or depressing feelings. This paper, contrary to the CDC’s report on age, found that adolescent males are more likely to have or have had epilepsy than girls or younger children. This contradiction in information as compared to the CDC’s report (2005) and the Epilepsy Foundation’s website (2016) is likely due to this paper being published in 1995 and possibly containing dated information, which has now been established as being incorrect.

These sources suggest that epilepsy and one’s self-conception are linked. While this disorder does affect individuals with a genetic predisposition for it, those with higher self-confidence or greater economic status tend to have less frequent seizures and a higher quality of living.

V. Significance

According to the Epilepsy Foundation, epilepsy is the fourth most common neurological disorder and affects people of all ages. In fact, it is so common that “1 in 26 people will develop epilepsy in their lifetime.” The public’s misconceptions that epileptics have seizures due to an inability to process rapid flashes of bright lights often leads to worsening consequences such as an increase in the unpredictable seizures due to the fostering of negative emotions. Also, while this disorder is sometimes related to a brain injury or family history, the cause is often unknown. ACT relates to epilepsy in that it provides compassion and support to those who suffer from the disorder, so that they might see their disorder not as a curse but as a part of life. This could then potentially lessen the frequency of their seizures and improve quality of life

VI. Methodology

1. Identify the review question

- a. What type of condition is ACT most effective for?

2. Search for studies

- a. Use databases such as JSTOR and the mayo clinic’s website

3. Screen titles and abstracts
 - a. Identify search terms
 - b. Outline plan for minimizing bias
 - c. Screen all references identified by searches
4. Obtain papers
 - a. Obtain full-text papers on all potentially eligible criteria
 - b. If a full-text version is not obtained, this must be labeled as a limitation
5. Quality assessment
 - a. Measure validity and reliability of found studies (identify bias and generalizability)
 - b. Choose included studies and note reason for non-inclusion of references
6. Data extraction
 - a. Skim read all included papers
 - b. Make data extraction tables with characteristics and results
7. Analysis and synthesis
 - a. Meta-analysis combines individual studies to give an overall measure of the effectiveness of ACT
8. Write-up and editing
 - a. Abstract: brief summary of the systematic review
 - b. Introduction: what is ACT
 - c. Objectives: significance of ACT
 - d. Methods: search strategy and reasoning behind inclusion criteria; analysis of groupings
 - e. Included studies: how each reference met the inclusion criteria; explain reason for non-inclusion of studies and discuss quality assessment
 - f. Results: describe what each reference showed (use PRISMA diagram)
 - g. Discussion: significance of each reference's results and whether results are credible
 - h. References: each study which was referred (MLA format)

VII. Problems

Due to ACT being a widely used therapy method and due to it being in existence for a decent amount of time, the reference pool will be very large. In order to sufficiently read and analyze every relevant study, I will need much time, which I may not have enough of. Also, many of the studies which I will have available to me will have positive results as the ones with negative results might not have been published.

VIII. Bibliography

- Butler, Jodie, and Joseph Ciarrochi. "Psychological Acceptance and Quality of Life in the Elderly." *Quality of Life Research*, vol. 16, no. 4, 2007, pp. 607–615. May 2007. Web. 7 Dec. 2016.
- Carlton-Ford, Steve, Robin Miller, Matthew Brown, Nichol Nealeigh, and Patricia Jennings. "Epilepsy and Children's Social and Psychological Adjustment." *Journal of Health and Social Behavior* 36.3 (1995): 285-301. Web. 30 Oct. 2016.
- Forster, Anne et al. "Systematic Review of Day Hospital Care for Elderly People." *BMJ: British Medical Journal*, vol. 318, no. 7187, 1999, pp. 837–841. Web. 6 Dec. 2016.
- Glassman, LH, EM Forman, JD Herbert, LE Bradley, EE Foster, M. Izzetoglu, and AC Ruocco. "The Effects of a Brief Acceptance-Based Behavioral Treatment Versus Traditional Cognitive-Behavioral Treatment for Public Speaking Anxiety: An Exploratory Trial Examining Differential Effects on Performance and Neurophysiology." *Behavior Modification*. U.S. National Library of Medicine, 11 Feb. 2016. Web. 07 Dec. 2016.
- Henderson, Jane et al. "Systematic Review of the Fetal Effects of Prenatal Bingedrinking." *Journal of Epidemiology and Community Health (1979-)*, vol. 61, no. 12, 2007, pp. 1069–1073. Web. 6 Dec. 2016.
- Kobau, Rosemarie, Hatice Zahran, David J. Thurman, Matthew M. Zack, Thomas R. Henry, Steven C. Schachter, and Patricia H. Price. "Epilepsy Surveillance Among Adults - 19 States, Behavioral Risk Factor Surveillance System, 2005." *Morbidity and Mortality Weekly Report: Surveillance Summaries* (2008): 1-20. Web. 30 Oct. 2016.
- Lundgren, Tobias, JoAnne Dahl, Nandan Yardi, and Lennart Melin. "Acceptance and Commitment Therapy and Yoga for Drug-refractory Epilepsy: A Randomized Controlled Trial." *ScienceDirect*. Elsevier Inc., 4 Jan. 2008. Web. 6 Dec. 2016.
- Lundgren, Tobias. *ACT Treatment of Epilepsy: Time for a Behavioral Model?* Uppsala: Acta Universitatis Upsaliensis, 2011. Web. 30 Oct. 2016.
- Pankowski, S., M. Adler, G. Andersson, N. Lindefors, and C. Svanbord. "Group Acceptance and Commitment Therapy (ACT) for Bipolar Disorder and Co-existing Anxiety - an Open Pilot Study." *Cognitive Behaviour Therapy*. U.S. National Library of Medicine, 19 Sept. 2016. Web. 07 Dec. 2016.
- Sirven, Joseph I., and Patricia O. Shafer. "What Is Epilepsy?" *Epilepsy Foundation*. N.p., Jan. 2014. Web. 30 Oct. 2016.