

# Dr. Michael Levin's Featured Publication Spotlight

06/08/2020

**Levin, M.E., Krafft, J.\*, Hicks, E.T.\*,  
Pierce, B.\* & Twohig, M.P. (2020).  
A randomized dismantling trial of  
the open and engaged components  
of acceptance and commitment  
therapy in an online self-help  
program for distressed college  
students. *Behaviour Research &  
Therapy*, 126, 103557.**



*Spotlight by Dr. Michael Levin*

**How does this publication fit into your line of research/inquiry? What makes this publication special?**

I have wanted to do this study for nearly a decade. I am passionate about how online self-help can increase access to evidence-based mental health services. However, what initially drew me into that work were the opportunities that online self-help provided to better understand how therapy works. More specifically, a major focus of my work is understanding what components of therapy most effectively improve mental health for certain clients. A stronger understanding of when to use which therapeutic strategies with clients could significantly improve the efficiency and efficacy of treatment by providing a stronger empirical guide for clinical decision making.

Taking a step back, my research focuses on a particular theoretical model of psychopathology and therapeutic change, which is based in Acceptance and Commitment Therapy (ACT). This model describes key components of treatment that we include in ACT protocols that aim to reduce psychological suffering and improve people's ability to do the things that matter to them. Two components of ACT aim to help people become more *open* to their thoughts and feelings (acceptance and cognitive defusion). Two other components of ACT aim to help people become more *engaged* in doing what truly matters to them (values and committed action). Since early on in graduate school, I've wanted to explore whether combining both Open and Engaged strategies, like we do in ACT, is more effective for bringing about meaningful therapeutic change.

This is a key question that goes beyond ACT in many ways. There are a variety of modern therapies that focus on either increasing engagement in behavior change or opening up (or changing) difficult thoughts and feelings. ACT is innovative in combining these approaches, raising the question of whether that combination is more effective. If combining these components is not more effective, it might suggest that simpler interventions could be used in some cases (focusing on just a subset of ACT components) or that the most effective components could be emphasized more in therapy to make it even better.

**How were your students involved in this publication?**

This publication would not have been possible without the graduate students who worked on it. We first had to create a total of 24 online sessions that users would complete, being careful that each session focused on a distinct ACT component and that each session could be combined or separated into each of the three 12-session experimental conditions. Ben Pierce, Jack Haeger, and Jameson Daines helped create the sessions in Qualtrics. We've found Qualtrics provides an easy-to-use system for students to create highly engaging, interactive sessions that can be tailored to individual users based on their responses. We then had to run the dismantling trial, which Jen Krafft oversaw with the help of Tish Hicks, completing the day-to-day work of recruiting, screening, collecting data, and encouraging participants to stay engaged in the program.

**What did you find?**

We recruited 181 USU students who reported significant psychological distress to participate in the study over two years. We found that participants assigned to any three of the ACT conditions (Open only, Engaged only, or Full ACT) significantly improved on their mental health compared to a waitlist condition that didn't get

any intervention. Interestingly, although the Engage and Full ACT conditions did well on all outcomes relative to waitlist, the Open condition had more mixed results. The Open condition failed to outperform no intervention (waitlist) on some key outcomes including rates of improvement in mental health and positive mental health. These results seem to suggest that, generally, the individual components of ACT may be sufficient to produce meaningful improvements in mental health in an online format. However, the effects are most positive when the website includes components that emphasize identifying and engaging in meaningful activities. It may be that targeting only the Open components of ACT is less effective when they leave out the Engaged components.

### **What are the ripple effects from this publication?**

One key outcome is that this study provided the foundation for [ACT Guide](#). After finding that the 12-session program that combined the Engaged and Open components was effective for improving mental health, we began to explore how to make this available to the public through the Sorenson Legacy Foundation Center for Clinical Excellence with the help of Dr. Gretchen Peacock and Dr. Beth Foley. We launched ACT Guide as a publicly available version of our program during fall 2019 and have already had over 1,200 users sign up across the world. This has included many USU students due to funding support from President Cockett.

In summary, this publication brings together several strands of my work. It represents the first dismantling trial ever conducted on ACT, furthering my longstanding work on evaluating the components underlying ACT to guide clinical decision making. It represents one of the largest trials we have ever conducted on online self-guided interventions to improve college student mental health. Finally, it provided the foundation for ACT Guide, our first mental health self-help program that is available to the public.