Jacqueline A-Tjak Msc
KEYNOTE
Title: *How ACT builds on what we know from research: the example of depression*

Depression has been studied extensively. Researchers have looked into onset, causes, precursors, cures, vulnerabilities, co-morbidity, etc. Many different psychological treatments have been researched and been found effective, although the robustness of the evidence is not the same for every treatment (Barth et al, 2013). Anti-depressive medication seems to work, but only when depression is severe. Focus of treatment can be on (restoring) interpersonal relations, changing negative cognitions, self-image or physical and behavioral activation. Should we change what is wrong, treat symptoms, or aim for more health and personal growth? Should we adapt our treatments to certain populations, or does one size fits all? And what about relapse? Can we prevent depression from taking a chronic course? For clinicians it is hardly possible to stay up to date with what is know about depression. Yet, we expect clinicians to inform their work with research evidence. Then again, what difference will it make to the work clinicians are doing on a daily basis? Can we use what we know to be more efficient?

The presenter will give an overview of important findings from the research on depression. She will translate this in working with ACT for depression. What do we need to keep in mind and how will it affect our treatment choices?

Learning objectives
1. Get an overview of research knowledge around depression
2. Get an understanding what this means for working with ACT
3. Get an understanding of the state of the evidence for ACT with depression

Reference

Barth, J., Munder, T., Gerger, H., Nüesch, E., Trelle, S., Znoj, H., Jüni, P. & Cuijpers, P. (2013) Comparative Efficacy of Seven Psychotherapeutic Interventions for Patients with Depression: A Network Meta-Analysis. PLoS Med 10(5): e1001454. doi:10.1371/journal.pmed.1001454