Effectively Treat Rumination with Acceptance and Integration Training™

Melanie McGhee, L.C.S.W. & Jo Willey, D.S.W.

26TH INTERNATIONAL ENERGY PSYCHOLOGY CONFERENCE
Where We're Going

• Gain a shared view of rumination & why it matters to clinicians.

• Understand new research and the impact of rumination on the brain.

• Experience the application of AAIT™ as a means of addressing rumination.

• Recognize two AAIT™ principles in practice.
What Is AAIT™?

Targets and resolves the psycho-emotional tension associated with a specific problem or maladaptive pattern.

Informed by guiding principles and phases and employs a spectrum of protocols to facilitate the integration of the psycho-emotional tension instead of following the threads of a narrative looking for insight.

Integration results in metabolism and neutralization of charged psycho-emotional energy liberating the client from automatic reactivity associated with the problem.

Practitioners use this same approach in their own self-care and teach clients AAIT™ for self care and emotional regulation.
Traumas
Early decisions
Injunctions
Scripts
Identities
Wounds
Automatic Negative Thinking
Mental Illness
Cognitive Distortions
Etcetera

Conditioned Self

True Self
AAIT™ Principle

The true self is not encumbered by the limitations of a narrative.
The true self is a being.

~ Melanie McGhee, LCSW
What Is Rumination?

• The process of perseverative thinking about one's feelings, problems, and distressing experiences, causes and consequences with a negative cognitive focus

• Uncontrollable and recurrent

• Past and present focused

Nolen-Hoeksema et al., 2008; Trapnell & Campbell, 1999; Watkins, 2008
What does rumination do to the brain?

- Alters functional integration and segregation of neural networks by reducing global and local efficiency
  - Interferes with attentional control
  - Interferes with problem solving
  - Negatively affects working memory

What are Outcomes of Rumination?

- Prolonged negative, pessimistic, and fatalistic thinking
- Prolonged negative mood
- Poor sleep quality
- Increased suicide risk
- Inhibition of present focused attention

Amaral et al., 2018; Johnson, et al., 2022; Lavender & Watkins, 2004; Liu & Thompson, 2017; Nolen-Hoeksema et al., 2008
Why does it matter?

• Associated with the onset & maintenance of depression
  • Increases likelihood of depression & duration of depressed episode

• Transdiagnostic clinical implications
  • Generalized Anxiety Disorder, GAD
  • Obsessive Compulsive Disorder, OCD
  • Bipolar Disorder
  • Eating Disorders
  • Alcohol Abuse
  • Posttraumatic Stress Disorder, PTSD
  • Psychosis
  • Health Anxiety (Hypochondria)
  • Non-suicidal Self Injury, NSSI

• Keeps us bound in the problem vs. the solution

Arditte Hall et al., 2019; Caselli et al., 2010; Cook et al., 2019; Chou et al., 2023; Dondzilo et al., 2016; Hartley et al., 2014; Hasegawa et al., 2018; Nicolai et al., 2016; Sansom-Daly et al., 2014; Saunders et al., 2021; Wahl et al, 2019
Shared Practice
End of Words

Ruminating About...
AAIT Phases: SERVE

- Seek Understanding
- Engage Collaboration
- Resolve Reactivity
- Verify & Stabilize
- Embody True Self & New Knowledge
End of Words Review

• **FEEL** ruminating about ____
• What’s **bad** about ruminating about______?
• **FEEL** ruminating about ____
• What’s **good** about ruminating about______?
• Repeat until both good and bad sides are empty of content.
• Verify change & stabilize with light, thankfulness or forgiveness.
AAIT™ Reported Outcomes

- Problem and trauma resolution
- Relief from suffering
- Spiritual wellbeing and wholeness
- Inner steadiness
- Decreased reactivity
- Increased compassion for self and others
- Expanded present-focused awareness
- Decreased rumination
- Decreased depression
- Decreased anxiety
Acceptance & Integration Training for Rumination & Depression with College Students

• RESEARCH QUESTIONS

• Are Acceptance and Integration interventions associated with a decrease in college students' depression scores from pre-test to post-test?

• Are Acceptance and Integration interventions associated with a decrease in college students' rumination scores from pre-test to post-test?
Acceptance & Integration Training® for Depression & Rumination with College Students

**DESIGN**
- Quantitative
- Pre-test
- Post-test
- Quasi-experimental

**SAMPLE**
- Non-probability
- Convenience sampling
- University student volunteers
- Inclusion Criteria: enrolled, informed consent, confidentiality, rumination & depression
- Were not compensated

**EXCLUSION CRITERIA**
- Intellectual Disability Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Substance Use Disorder, Brief Psychotic Disorder
- Active Psychosis, history within the past month
- Actively suicidal, ideation within the past month, history of suicide attempt(s) within the past year
Procedures

• SKILLS TRAINING SESSION

• 3-hour session
• Pre-test
• Psychoeducation: rumination and depression
• End of Words; demonstrated with volunteer
• Rumination Activation
• Independent practice
• Break
• Deep PEAT 2; demonstrated with volunteer
• Rumination Activation
• Independent practice
• Post-test
Measurement

• Demographics
  • Age, gender, gender identity, ethnic background, current University standing, marital status & employment status

• Depression
  • State Depression Scale (S-Dep)
  • Dysthymia & Euthymia subscales

• Rumination
  • Brief State Rumination Inventory (BSRI)
Results

Are Acceptance and Integration Training interventions associated with a decrease in college students’ depression scores from pre-test to posttest?

- Exact sign test: statistically significant decrease
- State Depression Scale
- Dysthymia Subscale
- Euthymia Subscale
Results

Are Acceptance and Integration Training interventions associated with a decrease in college students’ rumination scores from pre-test to posttest?

- Paired-samples t-test:
- Statistically significant mean decrease
- Brief State Rumination Inventory
Study Outcomes and Conclusions

• Protocols used in AAIT™ decrease college students’ depression and rumination
• Adds to research gap
• Internal consistency of State Depression Scale subscales
• Protocols used in AAIT™ could be effective for addressing depression and rumination with college students, an under researched population
• Further research of AAIT™
• Further substantiates internal consistency of State Depression Scale
Deep PEAT 2 Demonstration

Rumination
AAIT™ Guiding Principles

• On a low level of consciousness there are no solutions, and on high level of consciousness there are no problems.
  ~ Roberto Assagioli, M.D.

• Resolving reactivity reveals higher states of consciousness.
  ~ Melanie McGhee, L.C.S.W.
Deep PEAT 2 Review

1. Identify & name the problem.

2. FEEL the problem. How so you feel about that problem? What emotion (or sensation) arises?

3. What thought (or image) follows that ... (name the previous emotion (or sensation)?

4. What emotion (or sensation) follows that ... (name the previous thought (or image).

5. Alternate between thoughts (or images) and emotions (or sensations) until you experience three consecutive positive or empty contents.

6. Verify change & stabilize with light, thankfulness or forgiveness.
Thank You
For taking care of yourself and your clients

READ ABOUT THE RESEARCH
References


References


References


References


Results

Are Acceptance and Integration Training interventions associated with a decrease in college students’ depression scores from pre-test to posttest?

• Exact sign test: State Depression Scale
  • n = 13: posttest score decreased for 11 and increased for 2
  • Pre-test median ($Mdn = 46.00$)
  • Posttest median ($Mdn = 37.00$)
  • Statistically significant decrease ($Mdn = 9.00$), $p = .022$

• Dysthymia Subscale
  • n = 13: posttest score decreased for 11 and increased for 1, with 1 tie
  • Pre-test median ($Mdn = 18.00$)
  • Posttest median ($Mdn = 12.00$)
  • Statistically significant decrease ($Mdn = 6.00$), $p = .006$

• Euthymia Subscale
  • n = 13: posttest score decreased for 11 and increased for 2
  • Pre-test median ($Mdn = 31.00$)
  • Posttest median ($Mdn = 25.00$)
  • Statistically significant decrease ($Mdn = 6.00$), $p = .022$
Results

- Are Acceptance and Integration Training interventions associated with a decrease in college students’ rumination scores from pre-test to posttest?

- Paired-samples t-test:
  - Brief State Rumination Inventory
  - Pre-test scores ($M = 493.70, SD = 173.74$)
  - Posttest scores ($M = 316.54, SD = 190.34$)
  - Statistically significant mean decrease of 177.15
  - 95% CI [68.02, 286.28], $t(12) = 3.537$, $p = .004$