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The efficacy of acceptance and commitment therapy on distress tolerance dimensions of woman with epilepsy with three- month follow-up

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Abstract

The purpose of this study is to investigate was the efficacy of acceptance and commitment therapy on distress tolerance dimensions of woman with epilepsy with three- month follow-up. The research method was quasi-experimental with pre-test-post-test design and follow-up with a control group. The statistical sample consisted of 30 women with epilepsy who were selected by available and purposeful sampling method and randomly replaced in experimental and control groups. The treatment intervention was performed for the experimental group, while of the control group did not receive any intervention. At the end of the sessions, post-test and follow-up were performed three months later. The Data collection tool was Simmons and Gahr Confusion Tolerance Questionnaire. Data were analyzed using repeated measures analysis of variance. The results showed that act treatment had a significant effect on turbulence tolerance. The Applying octopus's treatment at all levels of prevention and treatment of physical patients seems essential.

***Keywords*:** distress tolerance, Acceptance and commitment therapy, Epilepsy

Introduction

Epilepsy is the most serious neurological disorder in the world and its frequency is 3 to 5%; This neurological disorder refers to recurrent attacks that occur as a result of sudden, intermittent and excessive electrical discharge of brain neurons (Barzegari Dehj & et al., 2017). One of the most important psychological issues in patients with epilepsy is low distress tolerance. distress tolerance is perceived in different ways, in which a person is confronted with a range of negative internal states, ambiguity, uncertainty, failure, and physical discomfort (Zolensky & et al., 2010). People with low distress tolerance cannot tolerate the feeling of discomfort and feel that others have better opportunities to deal with negative emotions. As a result, they feel ashamed of their inability to cope with negative emotions. Due to the lack of perceived coping skills and the inability to manage distressing emotional states, these people work hard to avoid experiencing negative emotion, if avoidance is not possible, they resort to unhealthy methods in an attempt to address the distressing emotional state, which will ultimately disrupt their functions (Simons & et al., 2005). Given that epilepsy is a chronic disorder and is one of the most common disorders in adolescence (32% in children and adolescents), but little intervention and psychological treatment has addressed it (Johnson & et al., 2014). If the use of acceptance and commitment therapy as one of the most common and widely used methods and treatments of the third wave can be very effective for patients with epilepsy, because it has a good ability to control a person's perceptions of stressful life events (Hayes et & al., 2010). Therefore, the purpose of the present study was the efficacy of acceptance and commitment therapy on distress tolerance dimensions of woman with epilepsy with three- month follow-up.

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Method

The choice of research method depends on the nature and purpose of the research, as well as the variables studied. Given that, the present study seeks was the efficacy of acceptance and commitment therapy on distress tolerance dimensions of woman with epilepsy with three-month follow-up. The research method was quasi-experimental with pre-test-post-test design and quarterly follow-up with the control group. The statistical population included all women with epilepsy who referred to medical centers in Khorramabad in 2016, who were selected using the available sampling method. To this end, women with epilepsy who received a diagnosis of epilepsy were first identified and examined at existing neurology offices. After gaining their cooperation, a distress tolerance scale was distributed among them and then people from the above community who received lower than average scores were selected as a sample; Then, after matching according to demographic characteristics, 30 people were randomly selected as a sample (15 in the experimental group and 15 in the control group). The experimental group underwent two sessions of admission and commitment therapy during two 8-minute 90-minute sessions per week, and the control group did not receive any intervention during this time. Finally, both experimental and control groups completed the scale on post-test, and again three months later, followed up stages. The criteria for entering the study included: having epilepsy, having conscious consent to participate in research, the ability to participate in group therapy sessions, and so on. Exclusion criteria included: having severe mental disorders and Alzheimer's. The instrument used was Simmons et al.'s (2005) distress tolerance questionnaire which had appropriate validity and acceptable reliability (0.79). Finally, the collected data were analyzed using repeated measures analysis of variance.

Results

Table 1: Mean and standard deviation of distress tolerance and its subscales by groups

Variable	Stage	Experimental g & Control g		Experimental g & Control g	
		Mean	SD	Mean	SD
Age		32,83	7,87	32.21	7.51
	pre-test	6.61	0.90	6.77	1.82
Tolerance	So the test	8.05	1.75	7.84	1.23
	Follow up	8.82	1.65	7.53	1.60
	pre-test	15.57	1.90	16.01	2.15
Assessment	So the test	19.94	2.72	16.40	2.78
	Follow up	20.96	1.94	15.82	2.47
	pre-test	6.58	1.37	6.57	1.47
Absorption	So the test	8.07	1.59	7.36	1.78
	Follow up	8.22	1.35	6.97	1.21
	pre-test	6.91	1.44	7.73	1.54
tuning	So the test	8.17	1.41	7.06	1.39
	Follow up	8.24	1.09	7.15	1.06
Distress tolerance	pre-test	40.75	3.93	42.98	5.83
	So the test	51.12	4.30	45.04	4.43
	Follow up	52.96	3.45	43.67	3.78

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Table 1 shows the mean and standard deviation of perturbation tolerance scores and its subscales in people with epilepsy by groups and stages.

Table 2: Results of analysis of variance with repeated measurements to evaluate the effect of treatment based on acceptance and commitment on tolerance to confusion and its subscales.

Variables	Source of changes		SS	Df	MS	F	P	Eta	Power
Tolerance	Intergroup	Time	56.08	2	28.04	16.10	0.001	0.36	0.99
		Time* Group	11.75	2	5.88	3.37	0.05	0.11	0.61
		Error	97.51	56	1.74				
	Between groups	group	24.11	1	24.11	5.01	0.05	0.15	0.57
		Error	468.70	28	18.03				
Assessment	Intergroup	Time	124.63	2	62.32	13.59	0.001	0.33	0.99
		Time* Group	123.74	2	61.87	13.49	0.001	0.32	0.99
		Error	256.80	56	4.59				
	Between groups	group	170.38	1	170.39	22.63	0.001	0.44	0.99
		Error	210.78	28	7.53				
Absorption	Intergroup	Time	51.29	2	25.65	14.10	0.01	0.29	0.98
		Time* Group	10.26	2	5.12	3.02	0.05	0.10	0.59
		Error	94.34	56	1.67				
	Between groups	group	13.87	1	13.87	4.75	0.05	0.14	0.56
		Error	81.81	28	2.92				
tuning	Intergroup	Time	74.32	2	37.19	15.19	0.01	0.28	0.96
		Time* Group	24.88	2	12.44	7.65	0.01	0.21	0.93
		Error	91.08	56	1.63				
	Between groups	group	82.53	1	82.53	16.88	0.01	0.30	0.98
		Error	97.44	28	6.37				
Distress turbulence	Intergroup	Time	860.10	2	430.10	35.19	0.001	0.56	1
		Time* Group	568.64	2	284.03	23.24	0.001	0.45	1
		Error	684.53	56	12.22				
	Between groups	group	431.50	1	431.50	13.24	0.01	0.32	0.94
		Error	912.45	28	32.59				

According to the information in Table 2, the effect of measurement time on the distress tolerance scores and its subscales is significant, and the effect of interaction between time and group is also significant. Also, the group effect on the scores of all variables is significant.

conclusion and discussion

The results showed that the implementation of ACT treatment improved and increased the tolerance of turbulence in patients with epilepsy. Explaining the significance of ACT treatment intervention on perturbation tolerance, it can be said that ACT causes a person to evaluate negative events with a different perspective, to experience negative emotions with less intensity, the intensity of emotional reactions to them. Change and feel good about controlling their emotions, as a result, experience less discomfort and confusion. In the present study, by substituting themselves as a context, patients were able to easily experience unpleasant internal

events in the present and achieve the ability to distress tolerance. One of the limitations of the study was the lack of examination of infected men and the limited sample to patients referred to medical centers in Khorramabad. It is recommended that the study be re-tested on men and in other geographical areas.

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