Synergizing Exposure Therapy with ACT: Acceptance-Based ERP

Jonathan S. Abramowitz, Ph.D.
Jennifer L. Buchholz, M.A.
University of North Carolina at Chapel Hill
Agenda

- Brief overview of exposure therapy
- ACT-based exposure approaches
- Study findings
- Live example
- Discussion and questions
Some Questions to Consider

- How do you conceptualize exposures for OCD
  - Procedure (How you do it?)
  - Process of change (What type of learning do you hope is occurring?)
  - Outcome (How do you know you are helping the client?)
CBT for Anxiety Disorders

**Aims**
- Correct distorted beliefs and interpretations
- Eliminate behaviors that prevent belief change

**Techniques**
- Assessment and case conceptualization
- Psychoeducation
- Exposure and response prevention
- Cognitive restructuring
Exposure

- Anxiety disorders remit when patients learn their fears are unfounded and act accordingly.

- Simply talking about probabilities of danger is not as convincing as direct evidence from experience.

- Patients must directly confront their fears to truly master them.

- Exposure is the most powerful cognitive intervention in CBT for anxiety disorders.
Basics of Exposure

- Exposure practices are “behavioral experiments” that test the accuracy of fear-based predictions, such as:
  - Something awful will occur
  - Anxiety or uncertainty will be unbearable or last forever
- Patients practice confronting their fears in a planned, gradual, systematic manner
- Exposures are practiced without the use of safety behaviors (response prevention)
- Anxiety level is regularly recorded on a 0-100 scale (SUDS)
Types of Exposure

- In vivo (situational) exposure - confronting feared stimuli in the environment
- Interoceptive exposure - confronting feared physiological sensations
- Imaginal exposure - confronting feared mental stimuli such as thoughts, images, impulses, worries, and memories
Effects of Exposure: Emotional Processing Theory

![Graph showing the effects of exposure over time across four sessions. The graph plots SUDS (Subjective Units of Disturbance Scale) against time (in minutes). There are four lines, each representing a different session, labeled Session 1, Session 2, Session 3, and Session 4. The lines show a decrease in SUDS over time, indicating a decrease in distress or intensity of emotional response.]
Acceptance and Commitment Therapy (ACT)

- **Theory:**
  - Relational frame theory (RFT): psychological theory of human language
    - Language specifies the strength, type, and dimension of relations between stimuli
    - Implication: Rigidity of relations → psychopathology
  - ACT promotes *psychological flexibility*

Hayes, Barnes-Holmes, & Roche (2001)
CONTACT WITH THE PRESENT MOMENT
Be Here Now

ACCEPTANCE
Open Up

VALUES
Know What Matters

DEFUSION
Watch Your Thinking

COMMITTED ACTION
Do What It Takes

SELF-AS-CONTEXT
Pure Awareness

PSYCHOLOGICAL FLEXIBILITY
Be present, open up, and do what matters
ACT Model of Anxiety/OCD

- It’s not whether or not we have the thoughts, it’s how we treat them.
- Distress and impairment from anxiety and OCD result from psychological inflexibility/experiential avoidance.
- Three parts:
  1. Unwanted internal experiences
  2. Behavioral responses (rituals, avoidance) as attempts to control thoughts
  3. Negative effects on quality of life
ACT for Anxiety/OCD

- Basic techniques
  - Experiential metaphors to address six core processes
  - Learn to respond differently even if stimuli’s meaning doesn’t change
    - Acceptance
    - Defusion

- Mechanisms of action
  - Increased psychological flexibility
ACT & ERP: Similarities & Differences

How are they similar?
- Focus on changing behavior
- Broaden patient’s engagement with feared stimuli

How is ACT different from ERP?
- Explicitly focuses on values and acceptance
- Not concerned with severity of anxiety/fear (e.g., SUDS)
- No explicit focus on cognitive change
- Less directive (no instructions to confront fears or resist rituals)
- Uses metaphors to illustrate strategies
Why “Acceptance-Based ERP”?

- Improve adherence and tolerance
- Enhance patients’ understanding of OCD and its treatment
- Dissatisfaction with the habituation model
- Synergy
Understanding how OCD works

- Man in the hole metaphor
Treatment rationale

- Futility of controlling thoughts and emotions
- Shifting focus from the “anxiety scale” to the “willingness scale”
- Emphasizing values
Values

- Choosing what direction one wants life to take (not letting OCD choose the direction life goes)

- Examples from OCD patients

- Metaphors and techniques
  - Bulls Eye
  - Moving through a swamp
  - Exposure
My life is just as I want it to be

My life is far from how I want it to be

What do you value?

What do you want your life to be about?

What do each of these categories mean to you?

In what ways has anxiety been getting in the way of living life in the direction of your values?
My life is just as I want it to be
My life is far from how I want it to be

- High quality work
- Adding to society

- Continual self-improvement
- Self-care
- Being a spiritual / religious person

- Keeping a work-life balance

- Quality time with friends and family
- Supporting others
Moving through a swamp

- **Swamp = OCD-related inner experiences and triggers**
- **Exposure = learning how to handle whatever comes up while still moving forward through swamp**
- **Willingness to go into the swamp without resisting (avoiding or using compulsive rituals)**

**Why are we doing this?**

- Getting dirty and muddy but for a purpose
- Not wallowing in the swamp
- Things you value are on the other side of the swamp (only way is through it!)
Acceptance

- Willingness to experience internal events

- Metaphors and techniques
  - “Jerk at the door”
  - Chessboard
  - Exposure
    - Habituation vs. fear tolerance
Defusion

- Distancing and disconnecting from thoughts
- Seeing thoughts and feelings for what they are, not what they say they are

- Metaphors and techniques
  - Passengers on the bus
  - Imaginal exposure
Passengers on the Bus Metaphor

- You’re the driver and the passengers are your unwanted inner experiences
- The passengers try to direct where the bus goes
  - They are loud and bossy about what you do
  - They quiet down when you do what they want
- If you drive the bus where you want to go, what happens?
  - You can allow them to shout and keep your attention focused on where you want to go
Implementation

- Metaphors to set up exposures
  - “Jerk at the door”
  - Chessboard
  - Passengers on the bus
  - Tug of war with a monster
Implementation

- Exposures to increase willingness vs. to reduce anxiety
  - Design hierarchy based on interference with quality of life
  - Emphasize increasing willingness to experience unwanted internal experiences (i.e., anxiety, obsessions)
    - Rating willingness instead of SUDS
- Response prevention based on values
Combining ACT with ERP to Enhance the Treatment of OCD

- Intake, posttreatment, and 6 mo. follow-up
  - Assessor unaware of conditions
- Assessments of engagement at each session
- 58 adults diagnosed with OCD
- ERP vs ACT+ERP
  - 16, 1.5-2 hour sessions, 2X per week
  - 3 sessions preparation, 12 exposures, 1 relapse prevention
- Multi-site
- Expert consultants for each condition
- Predominantly student therapists
Assessments

- OCD
- Depression
- Process of change in ACT
- Process of change in CBT/ERP
- Engagement in exposures (only done at each session)
Sample Demographics

- No differences between conditions
- Mean age 27
- 68% female
- Predominantly white
- 30% student, 40% full time employed, 20% part time, 10% unemployed
- All high school or above, 30% college, 20% some grad schooling
- Mostly LDS, Catholic, or Protestant
- Comorbid diagnoses
  - 24% anxiety disorder
  - 29% depressive
  - 34% mood disorder
OBQ

Pretreatment  Posttreatment  6 mo FU

ERP  ERP+ACT
Takeaways

- ERP has been difficult to improve
- Randomized trials may not be the way
- Focus on meaningful process of change and corresponding procedures to address them
- Increased focus on mediation and moderation