

ACT-informed Exposure for Excoriation Disorder: A Single Case Design

Brian Thompson, PhD

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PORTLAND PSYCHOTHERAPY
clinic | research | training

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Disclosures (support):

- Relevant Financial Relationships:
 - Employed at the Portland Psychotherapy Clinic, Research, & Training Center (PP)
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Background

- Skin picking or excoriation disorder
 - BFRB or body focused repetitive behavior
 - Clinical = 5.7% (Houghton et al., 2018)
 - Behavioral interventions effective but studies are few with small samples (Lochner et al., 2017; Schumer et al., 2017)
 - Habit reversal training
 - Stimulus control interventions
 - Acceptance and commitment therapy (ACT)

Clinical question

- Some client can resist urge in the moment with behavioral strategies but struggle not to pick later
- Clients often expressed fear of urges, of relapse
- Could cue exposure in ACT context help clients strengthen flexible responding in present of urges to pick?

ACT and exposure

- Lower psychological flexibility related to greater picking (Flessner & Woods, 2006)
- Exposure may strengthen core ACT psychological flexibility processes (Thompson et al., 2013)
- Review found no studies on use of exposure in treating BFRB's (Murphy et al., 2016)
 - low hanging fruit



Hypotheses

- ACT-informed exposure will result in:
 - decreases in daily skin picking;
 - increases in psychological flexibility



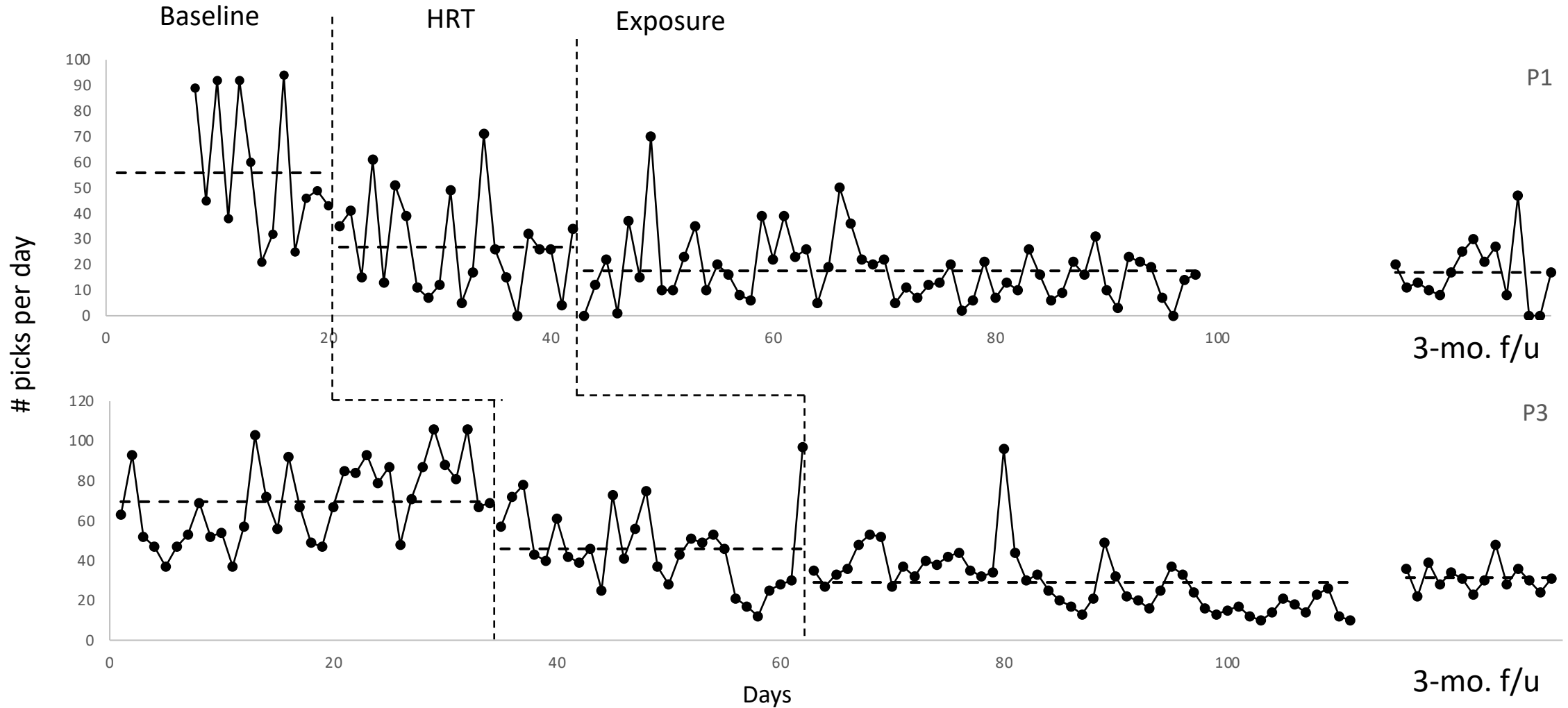
Non-concurrent multiple baseline design

- A. Baseline
 - B. Habit Reversal Training (HRT)
 - Awareness training
 - Competing Response
 - Stimulus control interventions
 - C. ACT-informed exposure
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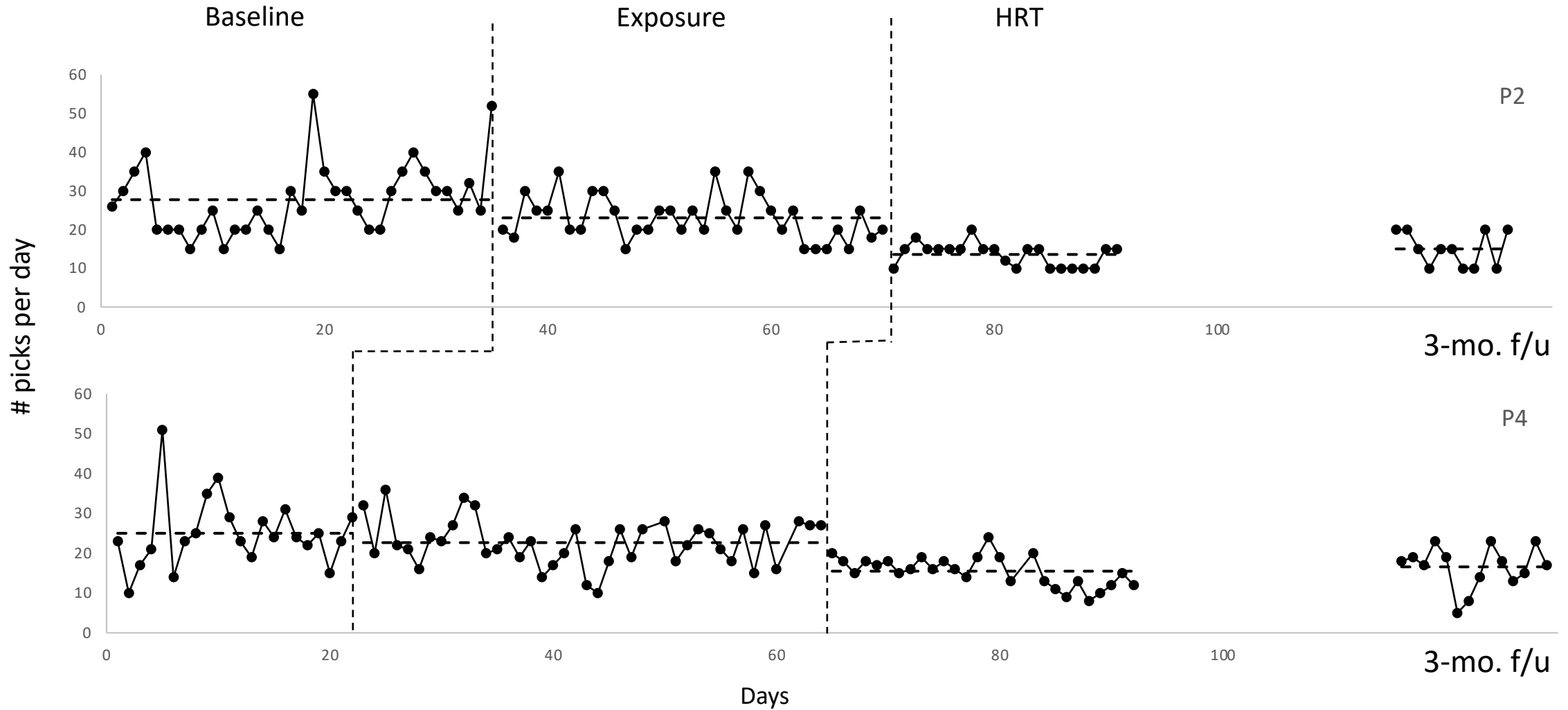
Procedure

- $N = 4$
- 2 conditions:
 - ABC: (A) Baseline – (B) HRT – (C) Exposure
 - ACB: (A) Baseline – (C) Exposure – (B) HRT

Daily picking



Daily picking



Daily Psychological Flexibility

2	Whenever I had <i>bothersome thoughts</i> or <i>feelings</i> over the past day, I tended to...	1 2 3 4 5 6 7 Just notice them without trying to change them Try to change them or get rid of them
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Adapted from the Before Session Questionnaire (BSQ; Forman et al., 2012; Thompson et al., 2021)

Daily psychological flexibility score
were a total mess

Could not find any patterns in graphed data.

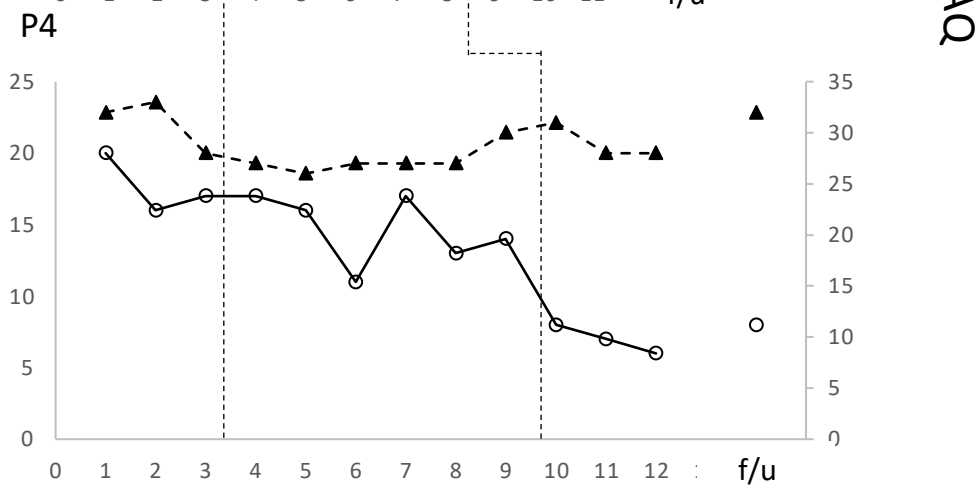
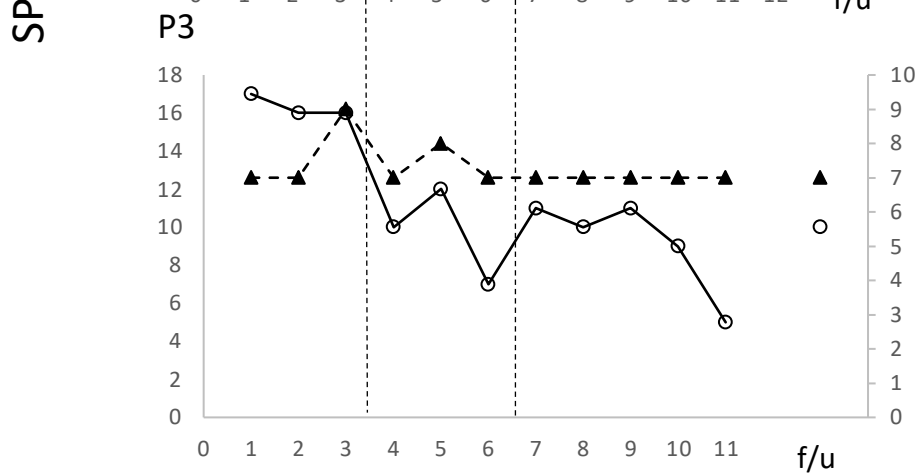
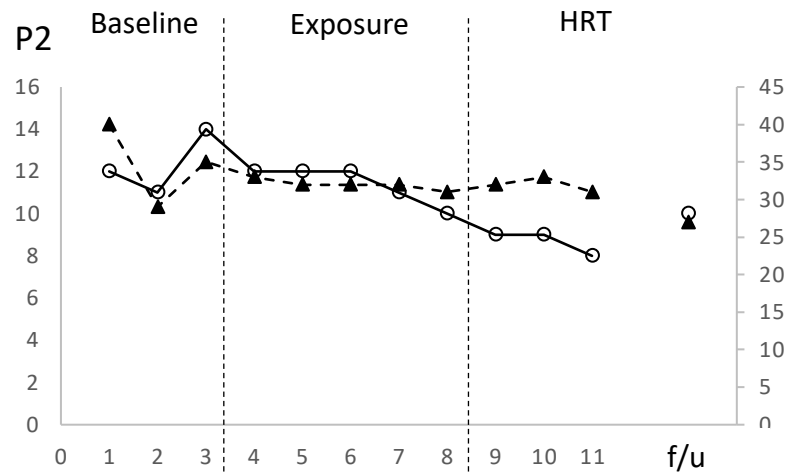
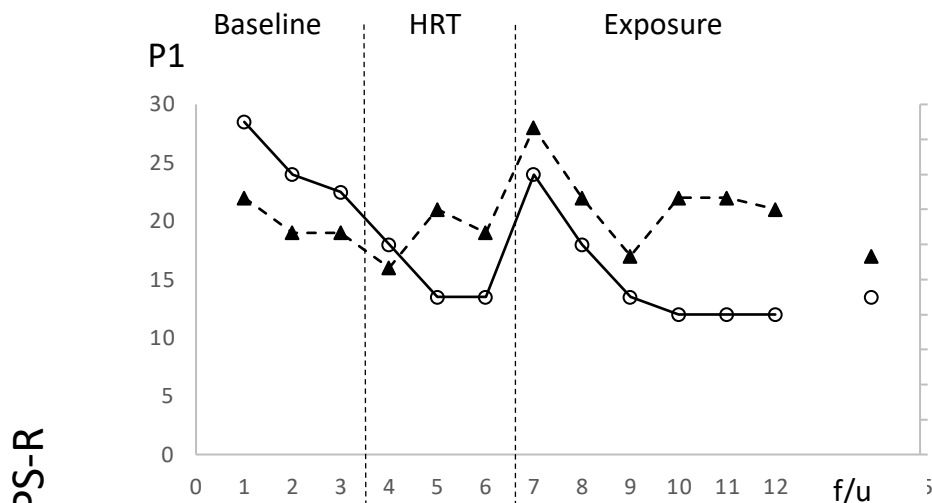
By Session Assessment

- Self-report measure of picking
 - Skin-Picking Scale-Revised (SPS-R; Snorrason et al., 2012)
 - Lower score = improvements in picking
- Psychological flexibility
 - Acceptance and Action Questionnaire-II (AAQ; Bond et al., 2011)
 - Lower scores = increases in psychological flexibility

○ SPS-R

▲ AAQ

By Session Measures



SPS-R

AAQ

Session

Conclusions

- Consistent with prior research (Capriotti et al., 2014; Flessner et al., 2009), HRT is an effective treatment for excoriation disorder with rapid reductions in daily picking
- Participants maintained improvements in picking at 3-month follow-up
- Reductions in picking during ACT-informed exposure were smaller compared to HRT
 - Is absence of research on exposure for BFRB's indicative of the file drawer problem?
 - As any reductions in picking may be meaningful for excoriation, exposure is worth additional study but should not be used as a front-line intervention
 - Intervention was well tolerated by participants. May be easier to engage in following HRT.



Conclusions

- Contrary to prediction, ACT-informed exposure did not result in increases psychological flexibility
 - Reductions in picking do not always correspond to increases in psychological flexibility (Twohig et al., 2006)
 - Context specific versions of the AAQ demonstrate greater treatment sensitivity than the generic version (Ong et al., 2019)
 - No excoriation disorder version of AAQ

Contact

Email: bthompson@portlandpsychotherapy.com

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