UNC School of Social Work Clinical Lecture Series

ACT and Exposure Therapy

A Combined Approach
to Enhance Treatment Engagement

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Outline

▸ ERP and ACT: What are they and how do they work?

▸ Similarities and differences

▸ Synthesizing ERP and ACT ("Acceptance-Based ERP")

  ▸ Why?

  ▸ Techniques to help the patient understand how OCD works

  ▸ Treatment rationale

    ▸ Shifting from anxiety to willingness

    ▸ Focusing on values

  ▸ Implementing ERP from an acceptance perspective

Exposure and Response Prevention (ERP) for OCD

▸ **Theoretical basis**

   ▸ Learning theory of classical and operant conditioning

▸ **Basic techniques**

   ▸ Confront fears (in vivo, imaginal)

   ▸ Resist urges to perform rituals

   ▸ Observe levels of anxiety (SUDS)

▸ **Mechanisms of action**

   ▸ Habituation

   ▸ Inhibitory learning

▸ **Outcome studies**

   ▸ Consistently demonstrates strong efficacy

   ▸ Some concerns about acceptability and drop out

▸

Acceptance and Commitment Therapy (ACT) for OCD

- **Theoretical basis**
  - Relational frame theory (RFT): cognitions, emotions, and behaviors in relation to one another and to their histories ("functional contextualism")
  - OCD results from experiential avoidance

- **Basic techniques**
  - Experiential metaphors to address 6 core processes (e.g., acceptance, defusion, values)

- **Mechanisms of action**
  - Enhances psychological flexibility

- **Outcome studies**
  - Promising; more work needed

ERP and ACT

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

- ## How is ACT different from ERP?
  - Explicit focus on values
  - Not concerned about levels of anxiety/fear
  - No explicit focus on cognitive change
  - Less directive (no instructions to confront fears or resist rituals)
  - Relies more on the use of metaphors

Synthesizing ERP and ACT

"Acceptance-Based ERP"

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

‣ An ACT perspective on OCD: 3 parts

  ‣ OCD related inner experiences

  ‣ Attempts to resist and control these experiences

  ‣ Interference with quality of life

‣ Man in the hole metaphor
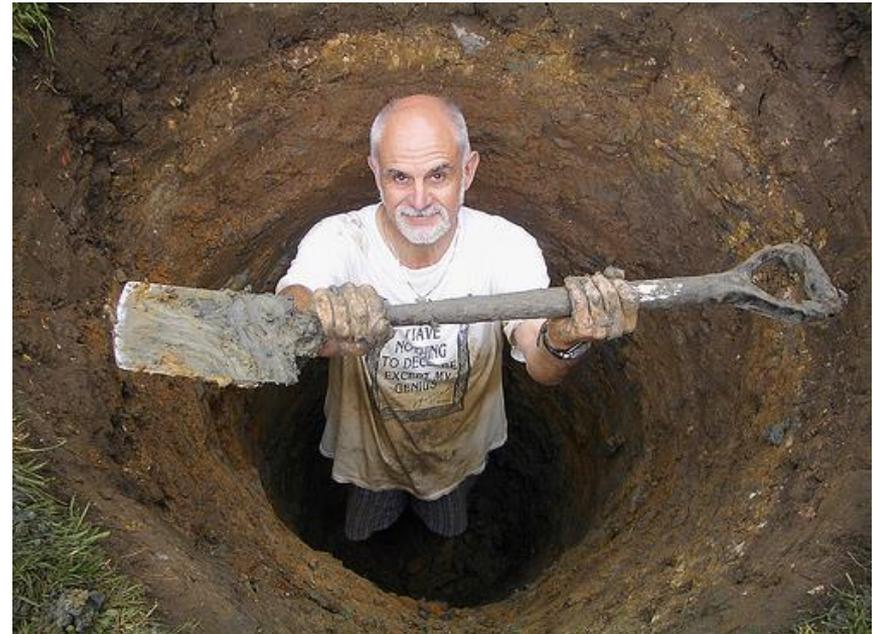
Treatment rationale

▸ Shifting focus from the "anxiety scale" to the "willingness scale"

▸ Emphasizing values
  ▸ <u>Choosing</u> what direction one wants life to take (not letting OCD choose the direction life goes)
  ▸ Examples from OCD patients
  ▸ Values bull's-eye
  ▸ Moving through a swamp metaphor

BULL'S EYE ILLUSTRATION

My life is just as I want it to be

My life is far from how I want it to be

Work/
Education

Leisure

Personal growth/
Health

Relationships
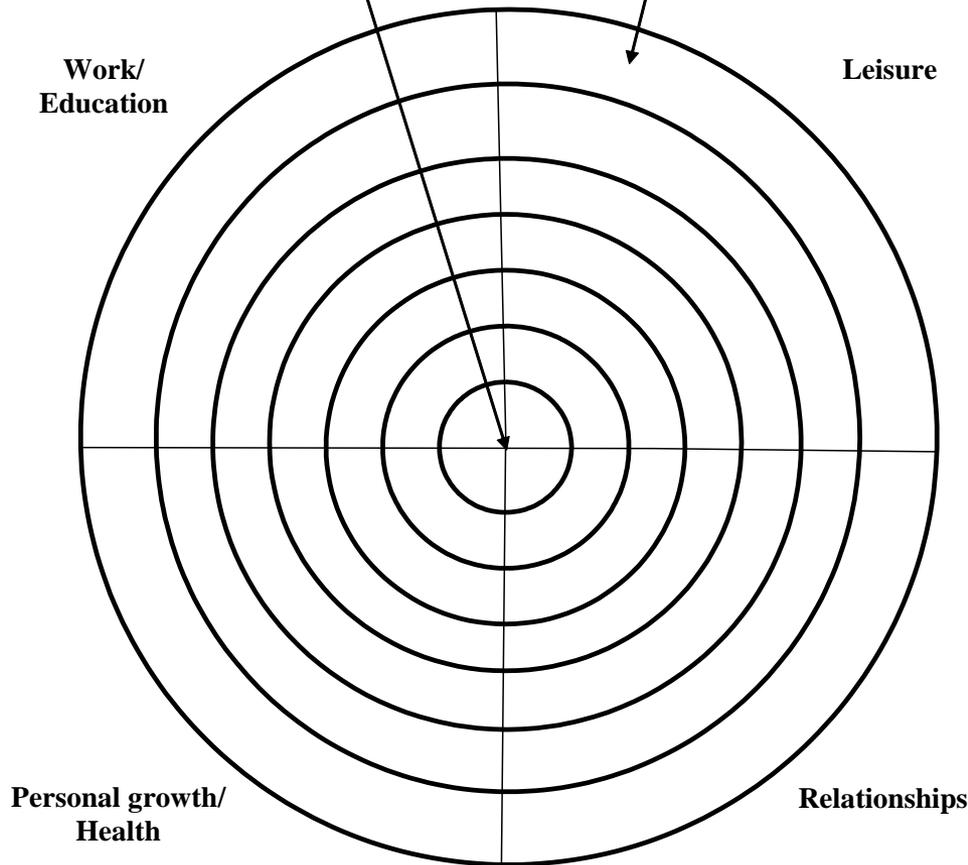
- What do you value?

- What do you want your life to be about?

- What do each of these categories mean to you?

- In what ways has OCD been getting in the way of living life in the direction of your values?

Work/
Education

Leisure

- High quality work
- Adding to society

- Keeping a work-life balance

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

- Quality time with friends and family
- Supporting others

Personal growth/
Health

Relationships

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!)

Implementing ERP from an acceptance perspective I

▸ Metaphors to set up exposures
- ▸ "Jerk at the door"
- ▸ Chessboard
- ▸ Tug of war with a monster
- ▸ Passengers on the bus
- ▸ Milk, Milk, Milk

Implementing ERP from an acceptance perspective II

▸ **Exposures to increase willingness vs. to reduce anxiety**

   ▸ Choose hierarchy items based on interference with quality of life

   ▸ Emphasize increasing *willingness* to experience obsessional distress

      ▸ Rating willingness instead of SUDS

▸ **Response prevention based on values**

Questions and Discussion

Thank you!