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
  - Choosing 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
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?
My life is just as I want it to be. My life is far from how I want it to be.

**Work/Education**
- High quality work
- Adding to society

**Leisure**
- Keeping a work-life balance

**Personal growth/Health**
- Continual self-improvement
- Self-care
- Being a spiritual/religious person

**Relationships**
- 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!)
Implementing ERP from an acceptance perspective

- 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!