



Ninja ACT

for Anxiety and OC & Related Disorders

Ninja ACT for Anxiety and OC & Related
Disorders:
Using ACT-informed Exposure Disguised as
Symptom Reduction for ACT Resistant Clients
Association for Behavioral Contextual Science World
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INTRODUCTIONS

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Disclosures

- Financial Disclosures
 - None for Brian Pilecki to declare
 - None for Joanne Chan to declare
 - None for Brian Thompson to declare
- Relevant nonfinancial relationships
 - None to declare

Poll: Have you ever had a client who said..

- "If I accept my anxiety, it will overwhelm me."
- "I'm already doing everything I value, I just can't enjoy it"
- "My last therapist said, 'Just accept it.' How?"
- "Fighting with my anxiety is the only thing that keeps it from destroying me."
- "I tried acceptance and it doesn't work."

We're not interested in symptom reduction here. This is about valued living.

Symptom Reduction?! Goodness, no. I'm not interested in feeling better LOL!



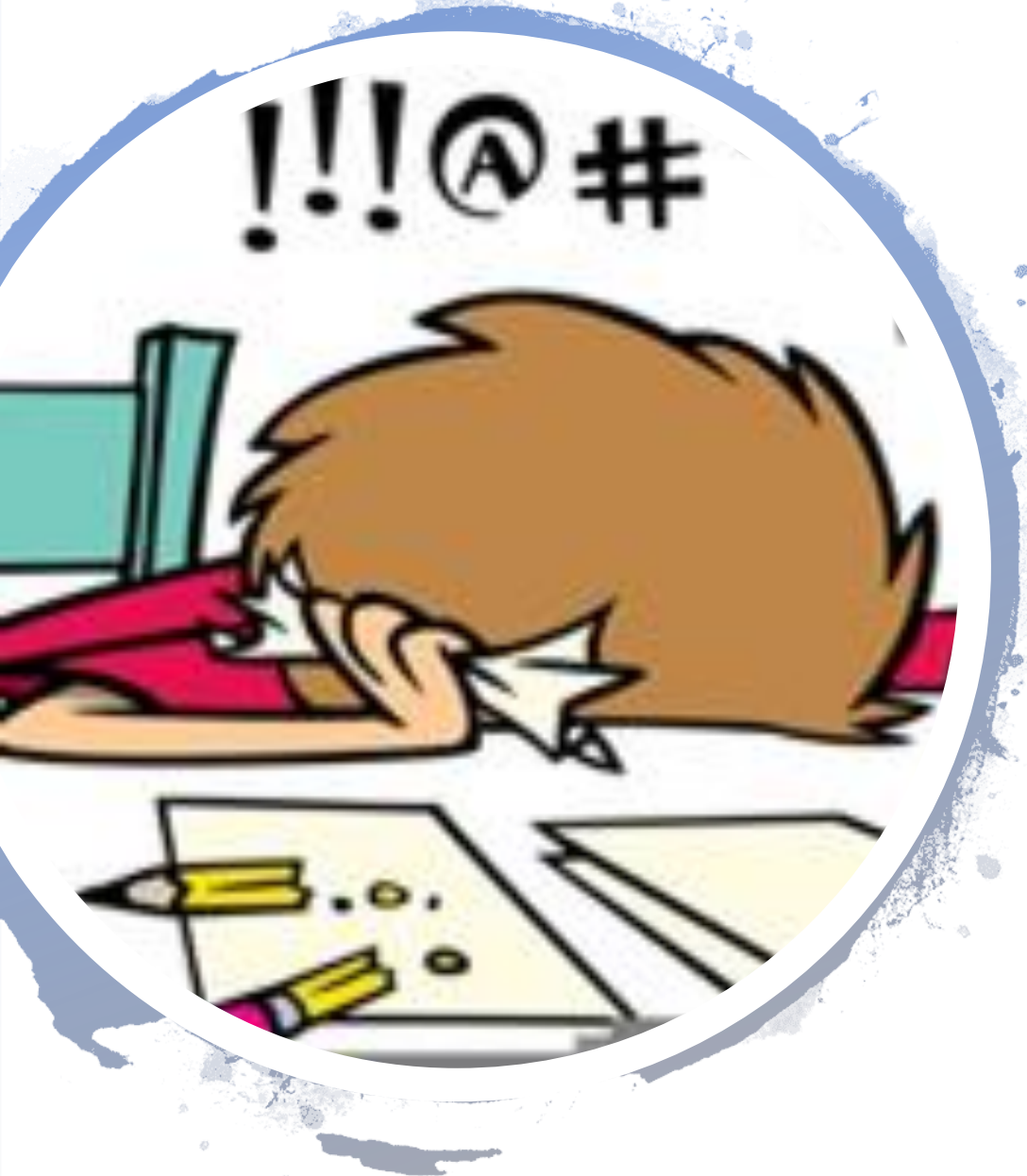
"Cartoon ACT" Rationale

When ACT falls flat.

- Rationale for exposure is important in exposure therapy
 - Rationale is easier in traditional CBT: "You will have less anxiety"
- ACT-Informed Exposure often involves starting with common ACT interventions
- ACT can "fail" in many ways...



Acceptance Fails



Therapist: "Exposure therapy will teach you how to accept your anxiety."

Client: "You mean I won't feel better?"

- Clients are suffering now and want hope
- "Acceptance" or "Willingness": just words that mean different things
 - Ex. Giving up
- Some clients are resistant to acceptance and remain committed to reducing anxiety
- We as therapists can become frustrated

Values Fails

Therapist: "What would you be doing differently in your life if you didn't have anxiety?"

Client: "Nothing."

- Case example: OCD client who is happily married, mother of two kids, great career, and rich social life
 - Magic wand exercise: "I wouldn't change anything"
 - She just wanted to be in less distress
- Values conversations can be difficult for those with significant anxiety

Defusion Fails

Therapist: "What do you remember from last week's defusion exercise?"

Client: "I just need to think positive and stop worrying!"

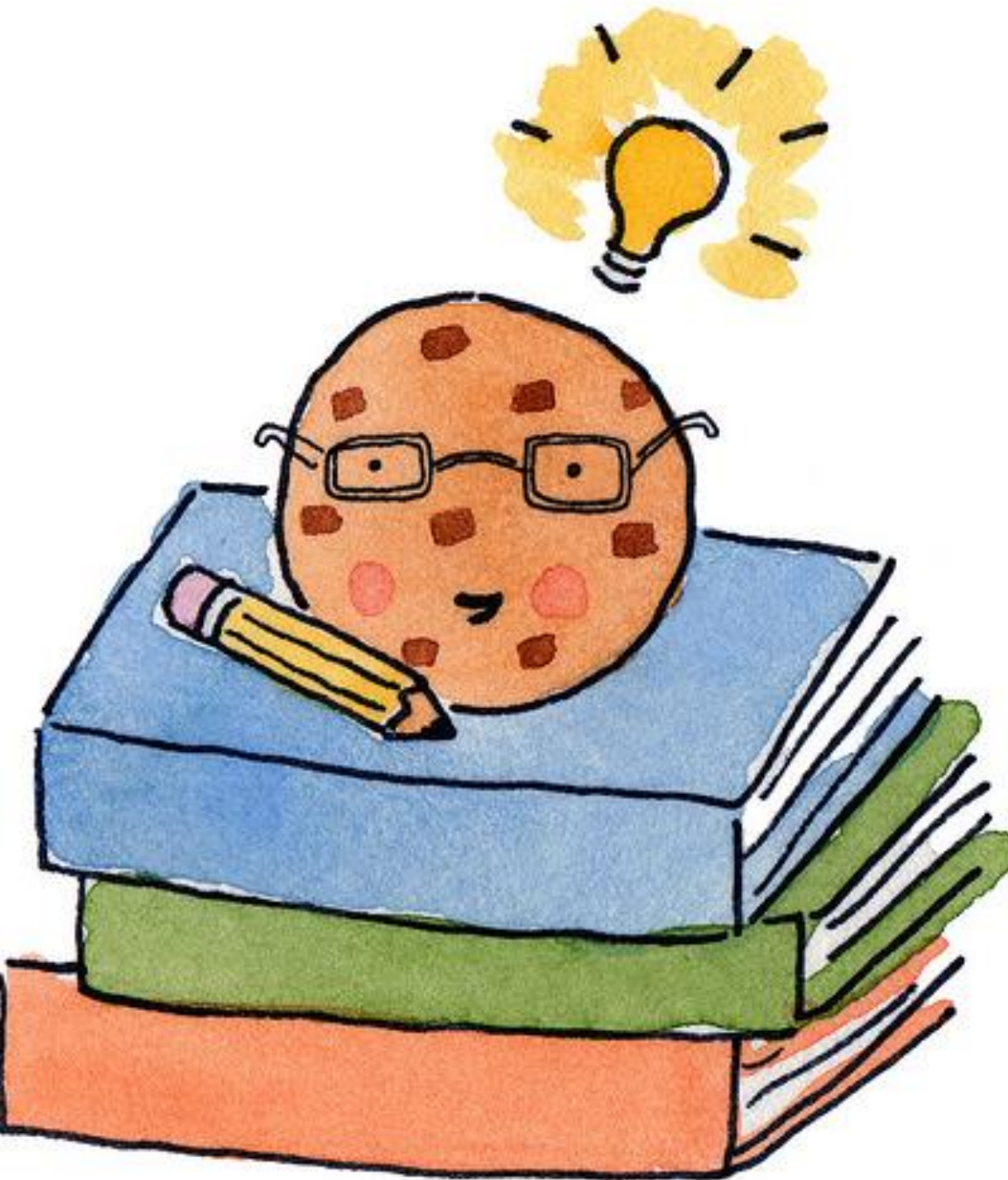
- Defusion does not resonate with some clients
- After several metaphors and exercises, clients remain fused with thoughts
- As ACT therapists, we may forget how hard this is for others without mindfulness experience



Mindfulness Fails

Client: "I tried it and it doesn't work."





The "Smart" ACT Client

Client: "I just need to accept my anxiety and live out my values."

Therapist: "How did the homework go?"

Client: "I didn't do it. It was too scary!"

- Some clients have strong intellectual understanding
 - Prior ACT therapy
 - Readings, etc
- Disconnect between understanding and application of principles
- They can even teach you a new metaphor or two, but they still can't get un-stuck in their lives

Conclusion

- And many others...
- Some anxiety clients are resistant to ACT

Theses of this workshop.

- For some clients, exposure is more palatable than ACT
 - Clients resistant to ACT may be more willing to engage in exposure
 - Exposure is an effective tool for strengthening ACT processes

How do I do ACT...

...when I'm not as cool as Steve? (or Robyn or Kelly or Russ or...?)



Charisma-Free ACT

Willingness

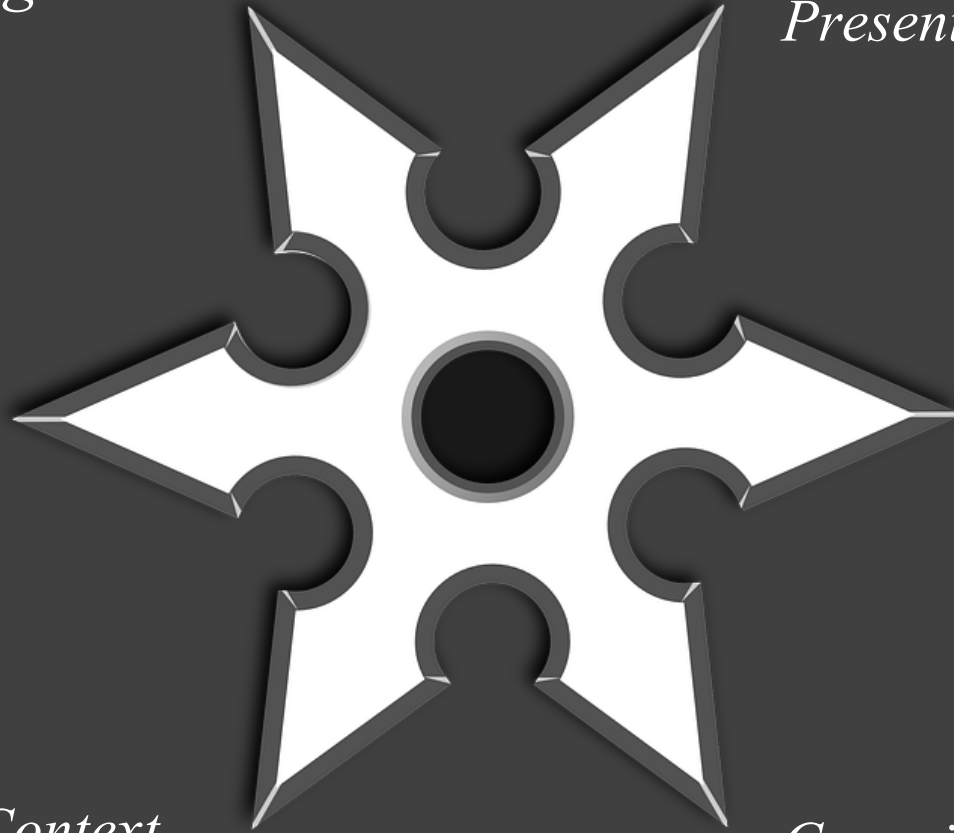
*Contact with the
Present Moment*

Defusion

Values

Self-as Context

Committed Action



Repetition is your friend

- Repeated exposure to the same stimuli may allow people to increase awareness of thoughts, feelings, and interoceptive sensations
 - Self-as-Context
 - Defusion

Defusion disguised as symptom reduction





*"Symptom
reduction?!"*

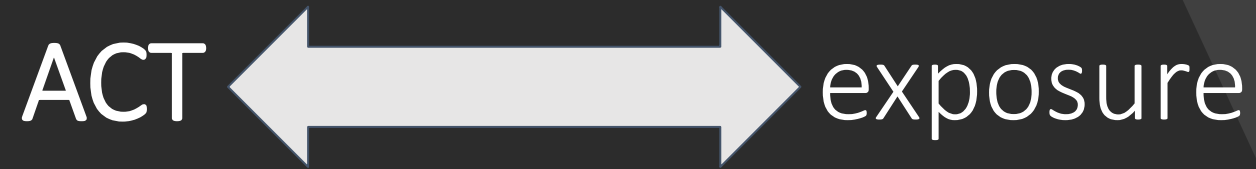
Call the
ACT
Police!

What is exposure?

CBS definition: "Contact with previously repertoire narrowing events for the purpose of creating greater response flexibility" (Hayes et al., 2012)

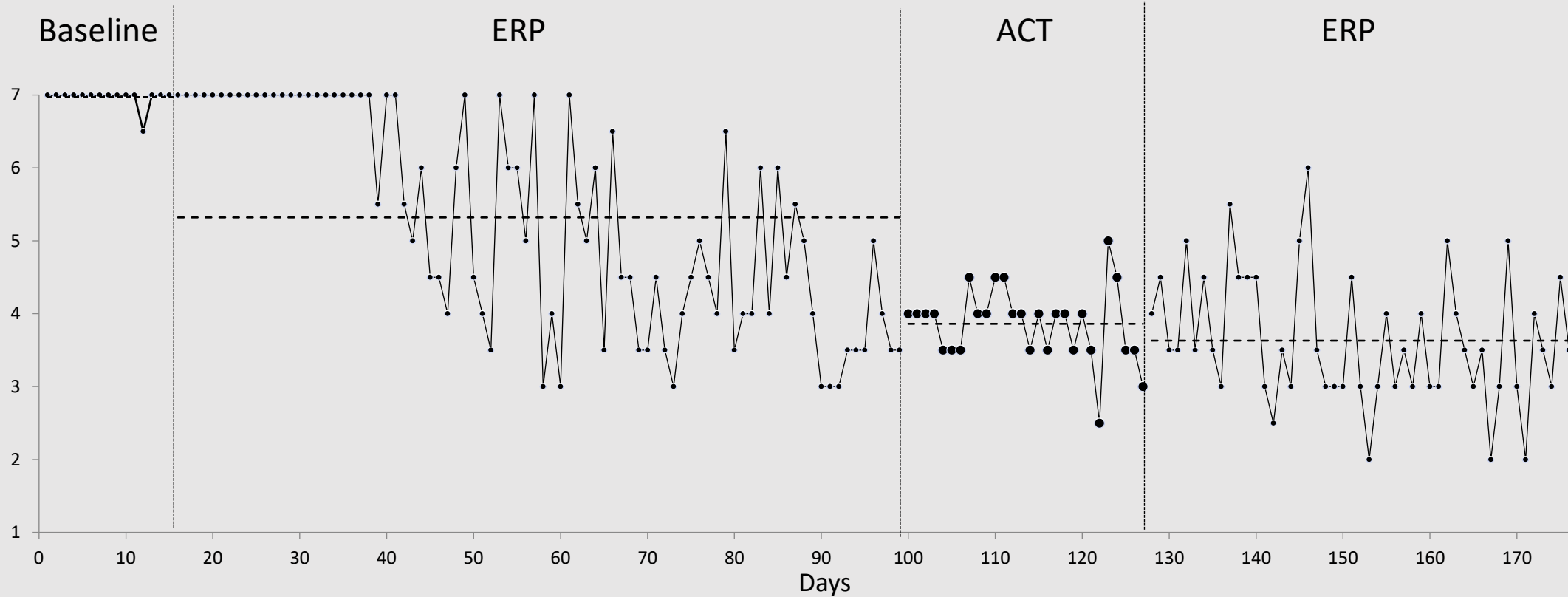
Is exposure consistent with ACT?

Early studies of ACT for OCD deliberately left out exposure to demonstrate ACT offered something new (Twohig, Hayes, & Masuda, 2006; Twohig, Hayes, et al., 2010; Twohig, Plumb, et al, 2010)



- ACT has been called an “exposure-based treatment” (Luoma, Hayes, & Walser, 2017)
- Core ACT interventions can increase client willingness to engage in exposure (Levitt et al., 2004)
- Exposure can be used to target and strengthen any of the core ACT processes (Thompson, Luoma, & LeJeune, 2015)
- Non-ACT exposure may increase psychological flexibility (e.g., Arch et al., 2012; Thompson, Twohig, Luoma, in press; Twohig et al., 2018)

Exposure increases psychological flexibility



Daily ratings of acceptance vs change scores. Decreasing scores (e.g., 1) reflects shift towards increase in acceptance of “bothersome” thoughts and feelings. Means are represented by dashed lines for each phase. ACT phase represented by larger dots.

Some insights from RFT

Negative reinforcement (e.g., avoidance) strengthens rule-governed behavior even when individuals are aware of the long-term consequences of avoidance behavior (e.g., Toerneke, 2010)

- Why Creative Hopelessness may only go so far

In exposure, it may be more effective to increase psychological flexibility through working with the thoughts, feelings, and bodily sensations evoked by the trigger rather than with the trigger itself (Dymond & Roche, 2009; Friman, Hayes, & Wilson, 1998)



Borrowing non-ACT
language in creating
an ACT-consistent
rationale for ACT-
informed exposure

Inhibitory Learning Theory

A decorative graphic on the right side of the slide features a large, curved shape with a white-to-gray gradient. Below this curve, a solid orange horizontal bar spans across the bottom of the slide.

Emphasis in Inhibitory Learning Theory

- Training new, non-threat associations
- Enhancing accessibility and retrieval of new, non-threat associations
- *Fear tolerance*

Inhibitory Learning and ACT - Similarities

- Do not emphasize habituation (e.g., reduction in SUDS or distress). Over-emphasis on habituation can create “fear of fear”
- Decrease fear is not a predictor of learning
- Focus on context and generalizability
- Put words to experience (e.g., affect labeling; mindfulness) during exposure
- Do not focus on methodically working through hierarchy in order of least to most difficult

Inhibitory Learning and ACT - Differences

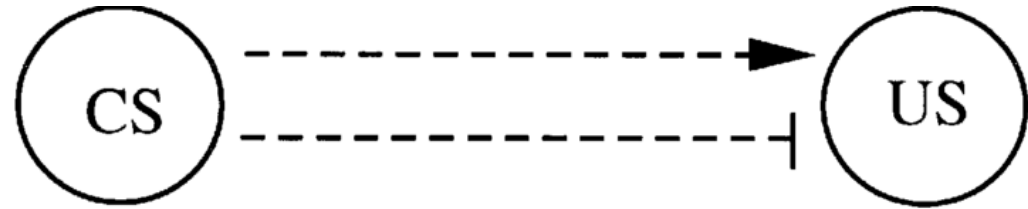
Inhibitory Learning

- Focus on training non-threat associations through expectancy violations to inhibit retrieval of threat association. Emphasis on safety (non-danger) learning
- Fear tolerance
- Recommends exposure conducted in random order

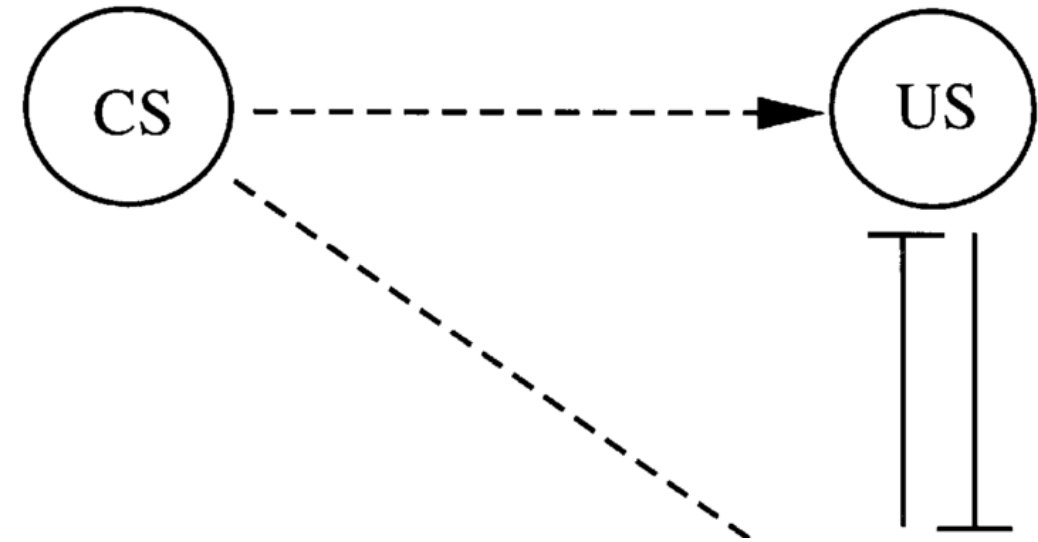
ACT

- Values-based exposure
- Larger use of language and contextualizing through metaphor and experiential exercises
- ACT approach goes beyond ILT fear tolerance in emphasizing radical acceptance of private events

new learning
(ITL)
or
“creating
greater
response
flexibility”
(ACT)



(b)



Willingness Switch Role Play

Borrowing from Inhibitory Learning Theory to create
an ACT-consistent rationale

Matching the
willingness to the
exercise in
interoceptive
exposure



Case example

Panic Disorder

**Value: I'm willing to experience uncomfortable bodily sensations if it allows me to:
More independence. More growth. Able to function at a higher level.**

Exercise(s) I've committed to practice: hyperventilation

Self-practice instructions (description, time, trials per day):
One breath every 2 seconds for 40 seconds. 5 trials x1/day.

Date	Trial #	Similarity (0 – 10)	Willingness (0 – 10)	What Happened? (bodily sensations, thoughts, feelings, impressions)
XX/08	1	8-9	4-5	60s. Lightheadedness, can't relax
XX/08	2	8	6-7	30s. Sweating palms, lightheadedness, tingling
XX/08	3	7-8	8	40s. "same" thoughts, "Is this safe?" (cause heart problem)
XX/08	4	8-9	6-7	45s. More intense. "This is uncomfortable."

Case example

Panic Disorder

Value: I'm willing to experience uncomfortable bodily sensations if it allows me to: More independence. More growth. Able to function at a higher level.

Exercise(s) I've committed to practice: hyperventilation

Self-practice instructions (description, time, trials per day):
One breath every 2 seconds for 45 seconds. Then stand-up. 5 trials x1/day.

Date	Trial #	Similarity (0 – 10)	Willingness (0 – 10)	What Happened? (bodily sensations, thoughts, feelings, impressions)
XX/22	1	8-9	9-10	40s + standing up. More light-headed.
XX/22	2	10	8-9	45s + standing up. More intense.
XX/22	3	10	7-8	50s + standing up. Pretty intense.

Case example

Panic Disorder

Value: I'm willing to experience uncomfortable bodily sensations if it allows me to: More independence. More growth. Able to function at a higher level.

Exercise(s) I've committed to practice: holding breath

Self-practice instructions (description, time, trials per day):
Hold breath. Hold nose. 50 seconds. 3 trials.

Date	Trial #	Similarity (0 – 10)	Willingness (0 – 10)	What Happened? (bodily sensations, thoughts, feelings, impressions)
XX/22	1	8	6-7	60s. Panic-related thoughts: Worry about heart. Wanting to breathe. Fear of passing out.
XX/22	2	7-8	8	50s. Similar to above.

Willingness

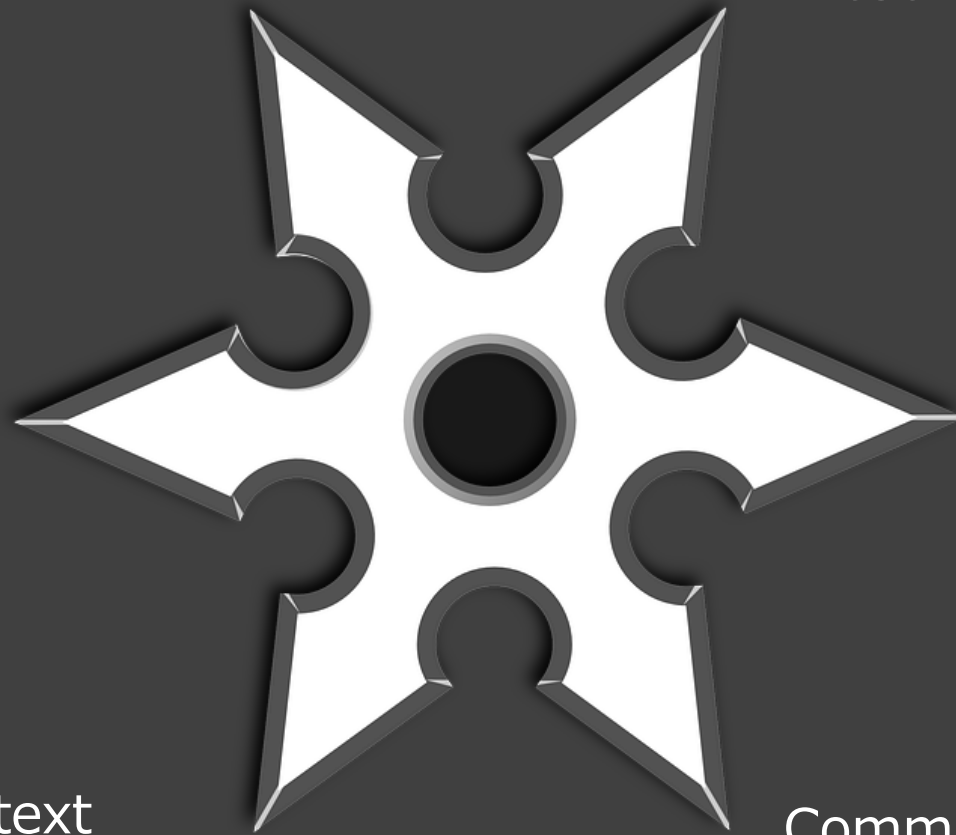
Contact with the Present Moment

Defusion

Values

Self-as-Context

Committed Action



Break out session

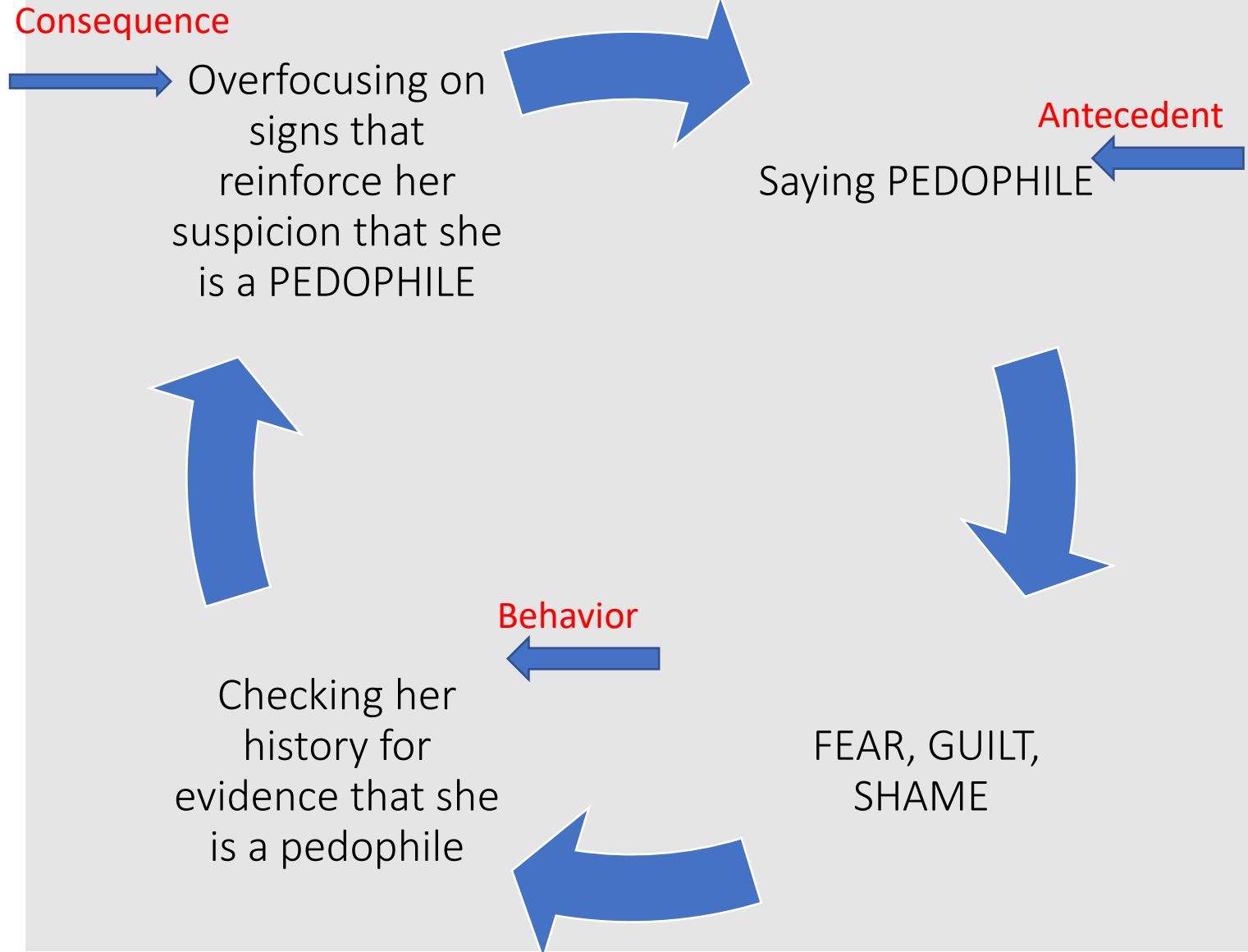


Case Vignette:
Practicing NINJA
ACT with a case
of pedophilic
OCD (POCD)





Functional Analysis



Increasing Psychological Flexibility by Matching Exposure to Willingness

"What's one baby step that you would be highly willing to take?"



REDOPHILE 20x,
SUDS = below 4



PEDOPHILE 42x,
SUDS = 7 - No longer willing at that point



CHILD 37x, SUDS = 6,
Willingness back up



PEDOPHILE 20x,
SUDS = 6,
Willingness high

Willingness

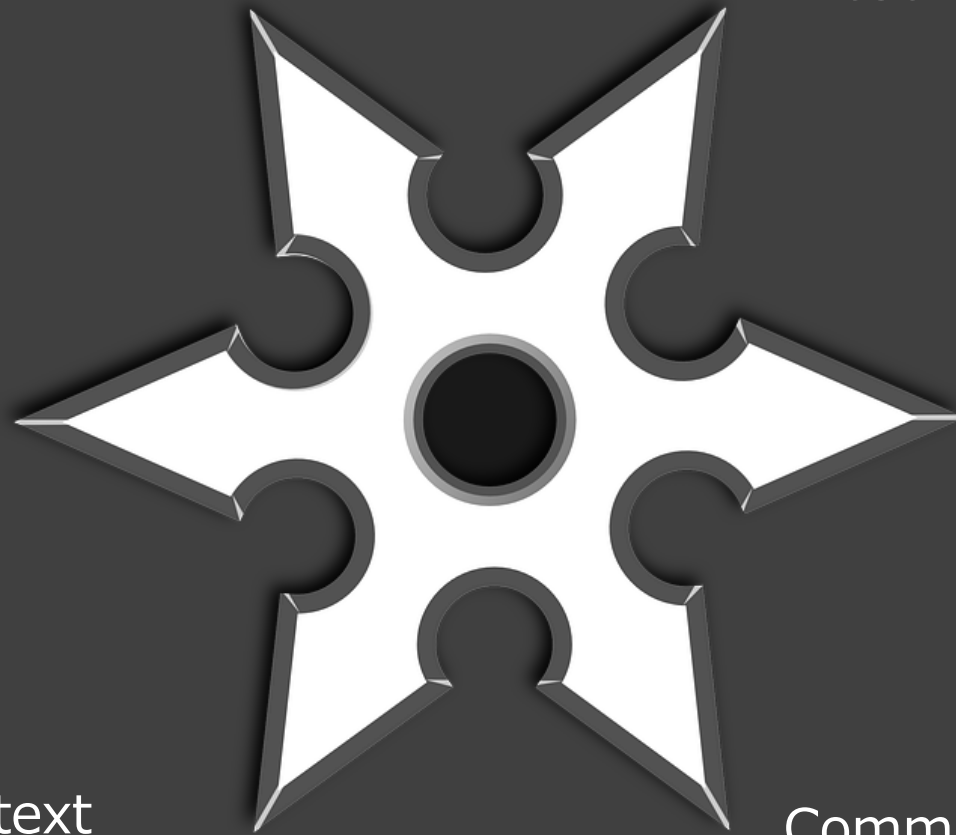
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Functional Analysis



Consequence



Groinal response reinforces her fear that she is a pedophile



Seeing a child and thinking "she's pretty"

Antecedent



Behavior



Checking her body for signs of arousal → Groinal response

"What if I'm a pedophile?"



Within-Session In Vivo Exposure

- **Value:** I'm willing to experience discomfort in order to feel liberated and free from my OCD
- **Exposure:** sit in public area by her apartment and watch kids and adolescents

Time point	SUDS (0-10)	notes	Willingness (0-10)
BASELINE	7	Felt cranky and had tooth pain	6-7
5	5-6	Sitting on bench looking towards a baby	6-7
10	6	Glanced at an older group of girls	6-7
15 min	5	Sat near them	6-7
20 min	5-6	Had an INTRUSIVE THOUGHT, GROINAL RESPONSE	6-7
25 MIN-	5-6	REPEATED INTRUSIVE THOUGHT 22X	6-7

What did you learn from this experiment?

Increasing Psychological Flexibility by Reinforcing Learning

Mind did go to sexual thoughts

Body image insecurities were triggered

Being in public is good for her vs. staying isolated in her apartment with her thoughts

Triggered more by older children/tweens

Thoughts and fears jump around to other categories

SUDS of 5-6 don't cause her to freeze

She can enjoy being outside in a nice environment and feel uncomfortable at the same time

Willingness

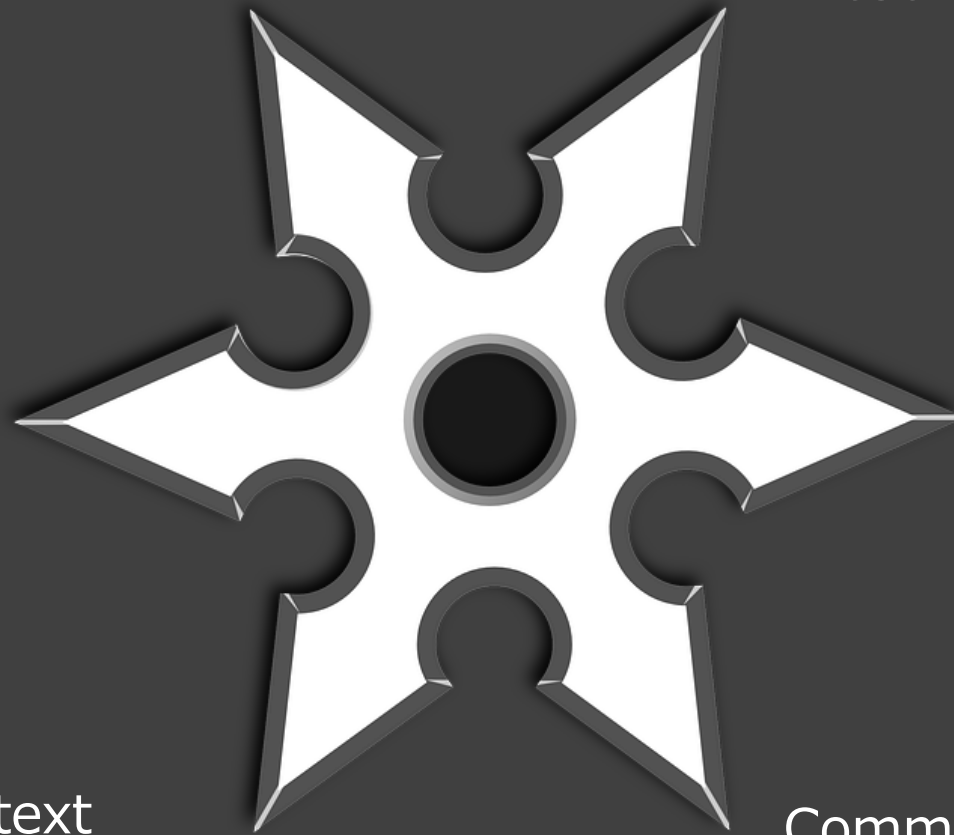
Contact with the Present Moment

Defusion

Values

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Committed Action



Concluding thoughts

- Exposure, even without ACT, increases psychological flexibility
- Match the exposure to the willingness rather than the willingness to the exposure
- Let the exposure do the teaching
- Repetition is your friend
 - If stimuli are consistent (e.g., article; brief media clip), clients will contact different experiences through repeated exposure (e.g., defusion), and when this happens, it increases buy-in

Questions?

Contact us!

- We offer training and consultation
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