

USING ACCEPTANCE & COMMITMENT THERAPY TO TREAT INDIVIDUALS WITH EATING DISORDERS IN AN OUTPATIENT SETTING



ACBS World Conference 2015
Mary L. Hill, M.A. & Akihiko Masuda, Ph.D.
Georgia State University



Presenters: Mary Hill & Aki Masuda



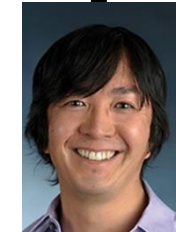
- **Mary L. Hill, M.A.**, is a doctoral student at Georgia State University. Her research and clinical interests include mindfulness- and acceptance-based therapies, eating disorders, body image, anxiety and mental health stigma. She is the author of over 10 peer-reviewed papers and book chapters.

Presenters: Mary Hill & Aki Masuda



- **Akihiko (Aki) Masuda**, Ph.D., is an associate professor of psychology at Georgia State University. His primary areas of interest are acceptance- and mindfulness-based behavioral therapies, sociocultural diversity, and Zen Buddhism. He is the author of over 80 peer-reviewed papers and book chapters, and the editor of *Mindfulness and Acceptance in Multicultural Competency*.

Our Academic Page



Overview

- Eating disorders (EDs) & ED behavior
- Conceptualizing EDs from an ACT perspective
 - Case conceptualization
 - Using ACT conceptualization to inform treatment
 - Review case examples
- ACT treatment protocol
 - Experiential exercises, role plays, videos
- Potential challenges to consider

Eating Disorders

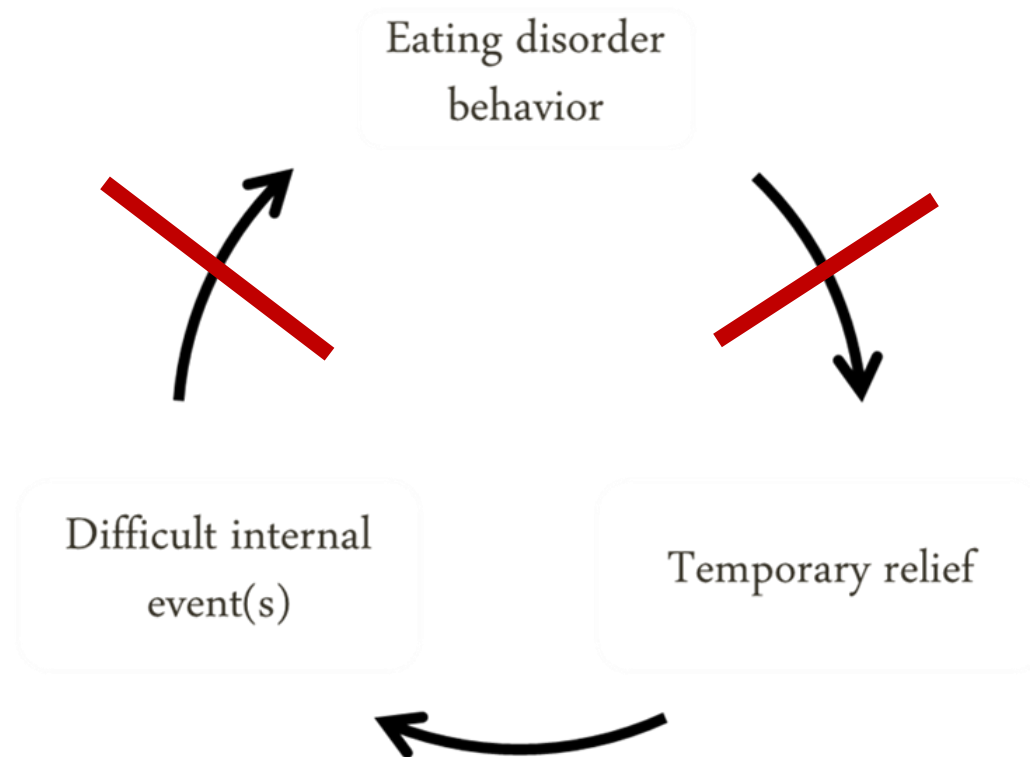
- Main ED diagnoses:
 - Anorexia nervosa (AN)
 - Bulimia nervosa (BN)
 - Binge eating disorder (BED)
 - Other specified feeding or eating disorders (OSFED)
- ED behaviors are accompanied by related thoughts & emotions
 - Thoughts: body dissatisfaction, perfectionism, rigid rules about food/exercise
 - Emotions: anxiety, sadness, guilt, loneliness



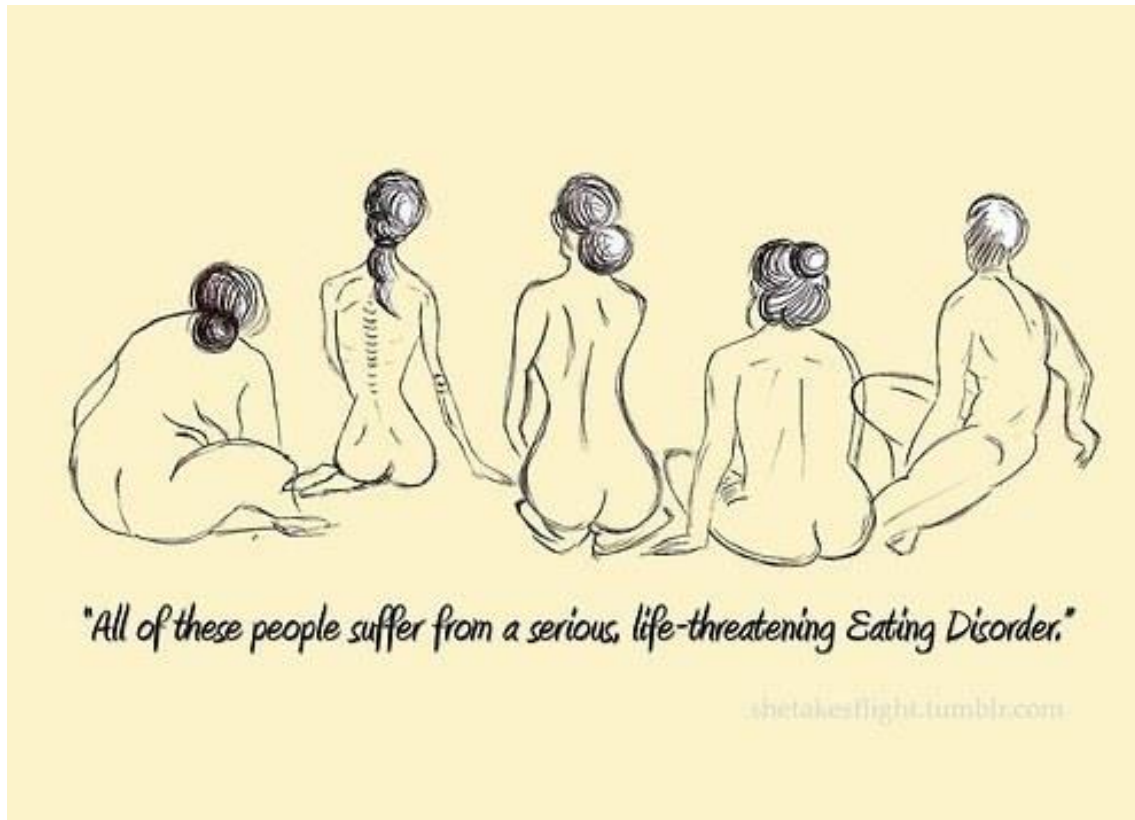
Source: <http://guardianlv.com/2014/03/media-and-eating-disorders/>

Eating Disorders

- Regardless of the type of behavior, ED behaviors have the same function
 - Escape or avoidance of difficult internal events
 - Defend or confirm the conceptualized self



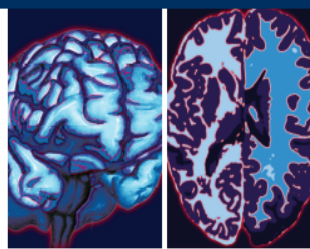
An Individual with an ED



Preliminary Evidence of ACT for EDs

REVIEW

Mindfulness as therapy for disordered eating: a systematic review



Akihiko Masuda*¹ & Mary L Hill¹

Practice points

- There is growing interest in mindfulness-based cognitive-behavioral therapies (CBTs), such as dialectical behavior therapy (DBT), mindfulness-based cognitive therapy (MBCT), mindfulness-based eating training (MB-EAT), and acceptance and commitment therapy (ACT), as treatments for a range of eating concerns.

(Masuda & Hill, 2013)

- ACT is beneficial for a range of ED concerns & issues related to EDs
 - AN & “atypical AN”
 - BN
 - BED & obesity
 - Body dissatisfaction
 - Disordered eating
 - Perfectionism
 - Shame & self-stigma
 - Anxiety
 - Depression



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Cognitive and Behavioral Practice 22 (2015) 367–378

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Article

Acceptance and Commitment Therapy for Individuals With Problematic Emotional Eating: A Case-Series Study

Mary L. Hill¹, Akihiko Masuda¹, Makeda Moore¹,
and Michael P. Twohig²

Clinical Case Studies

1–14

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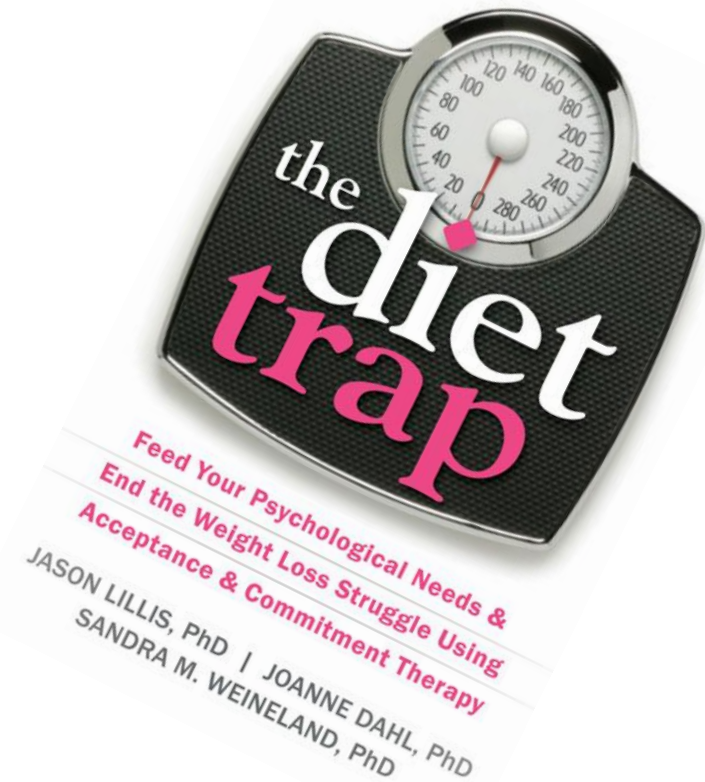
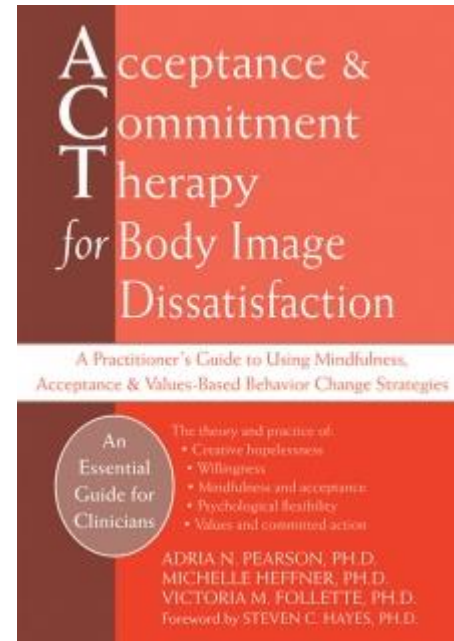
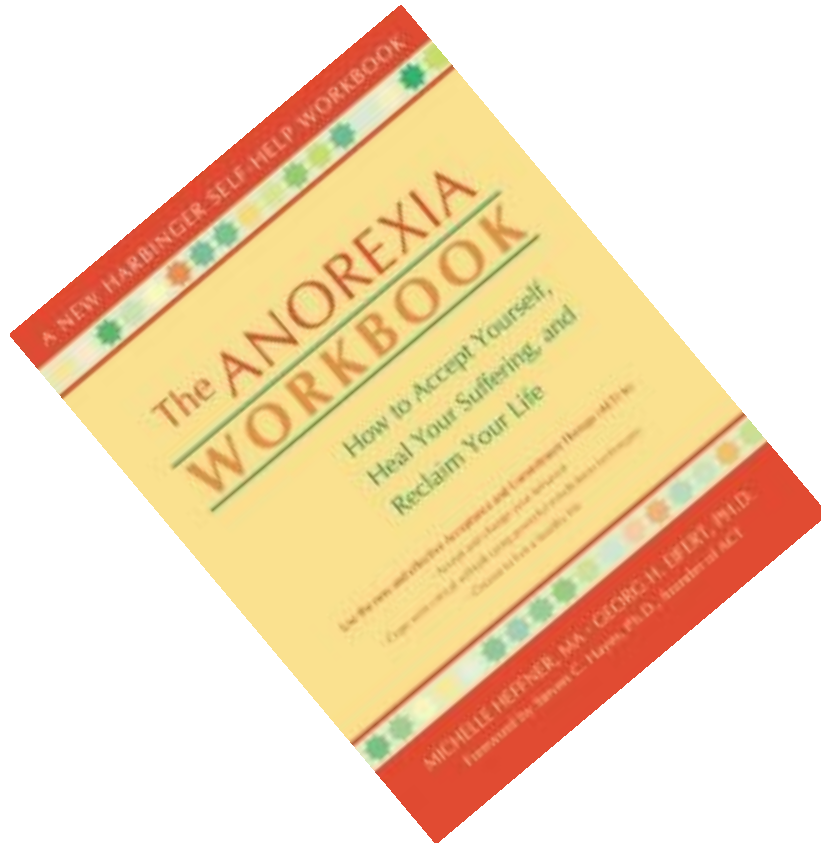
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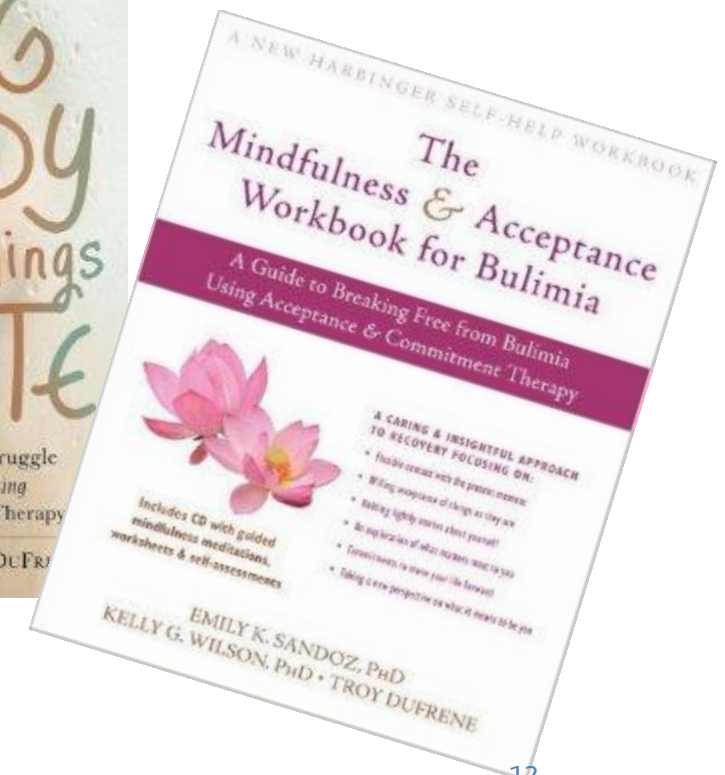
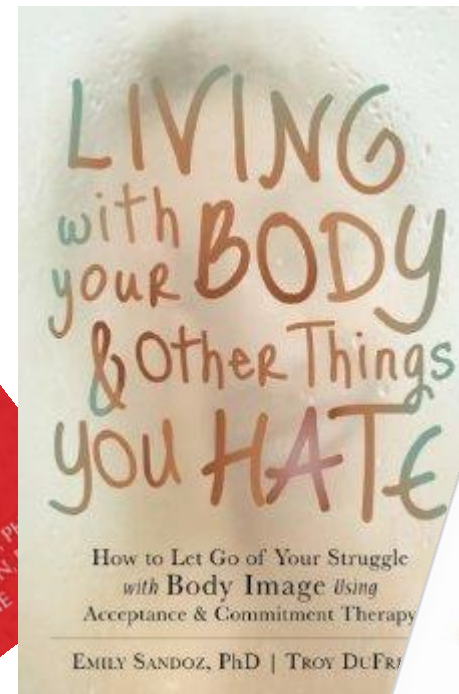
ACT for EDs: Resources



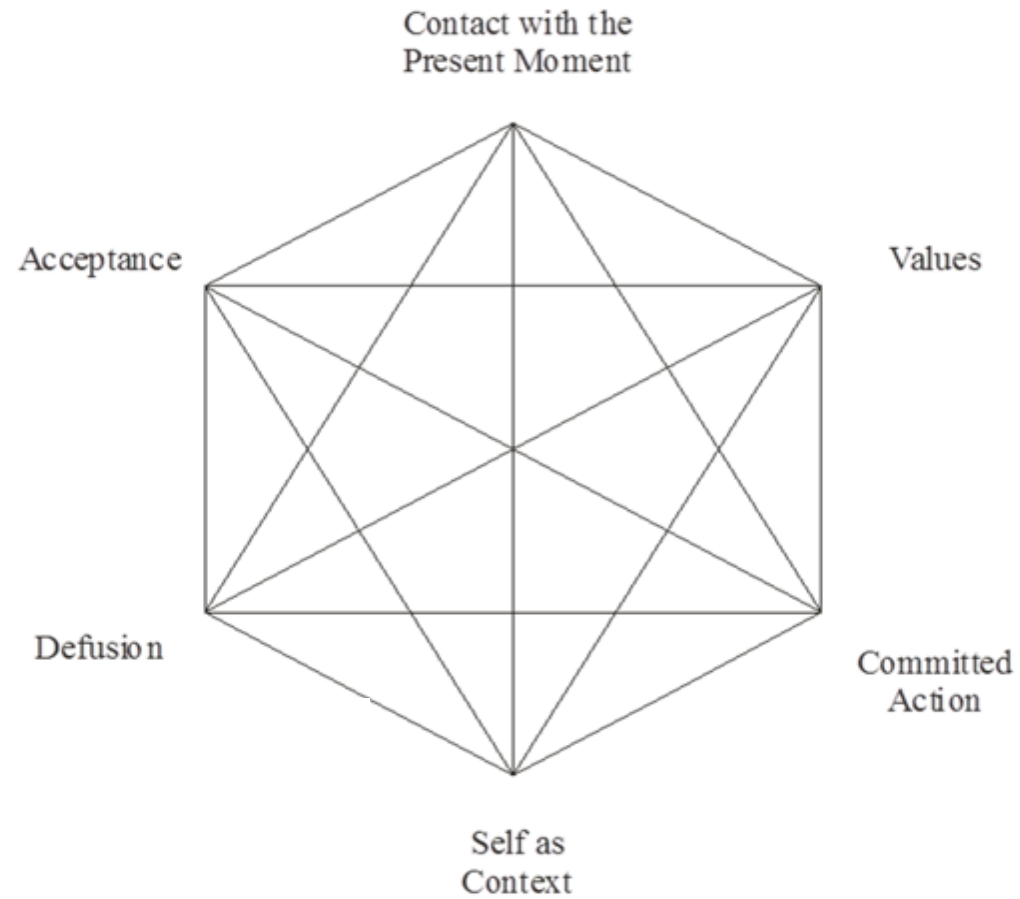
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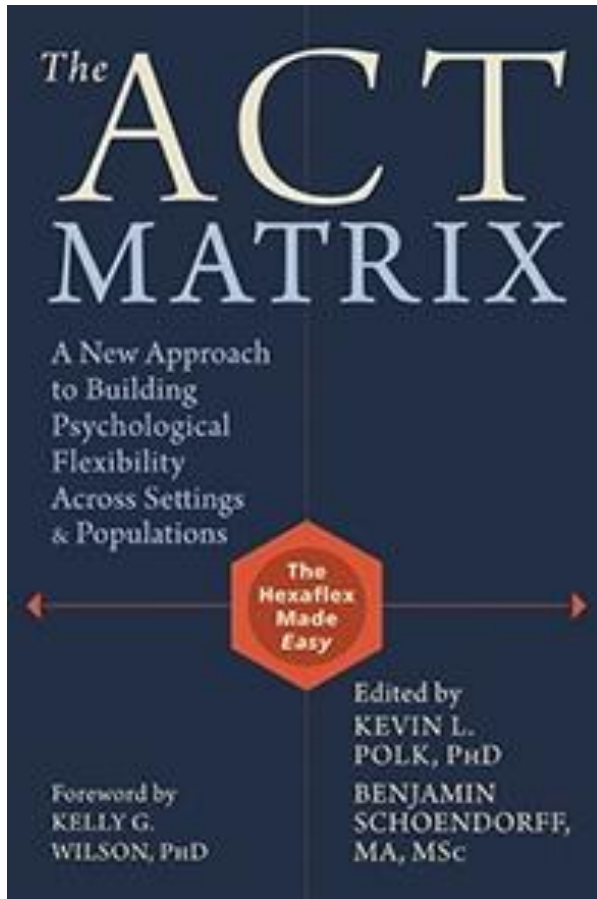


Emily Sandoz

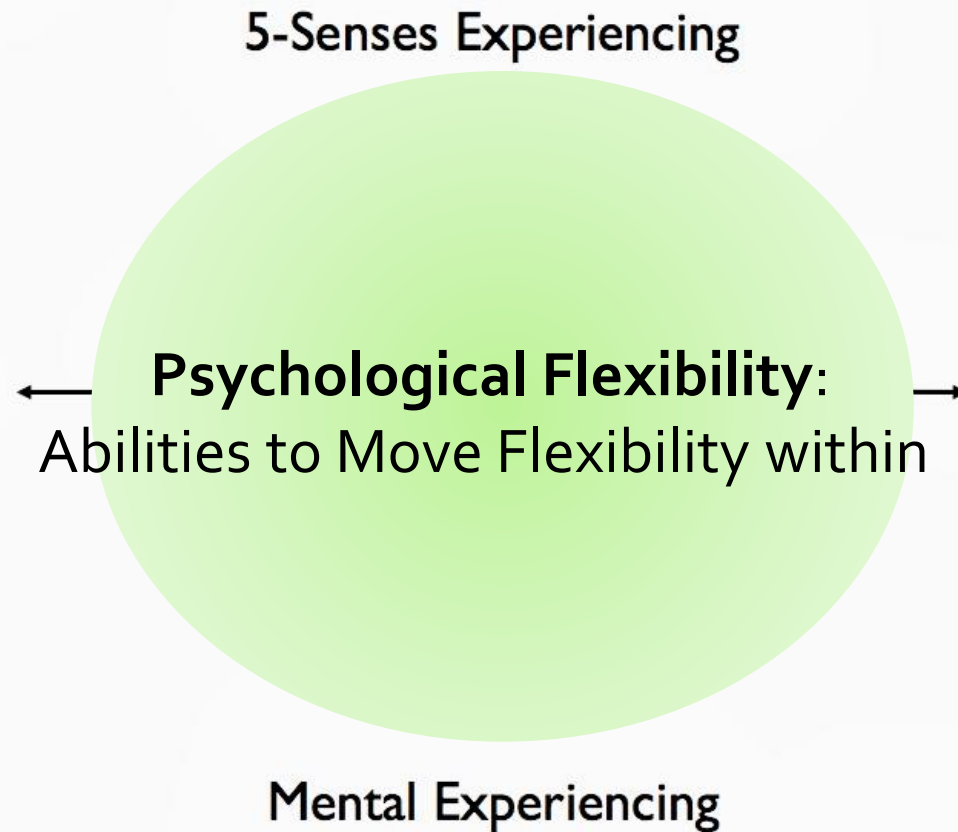


ACT Model of Flexibility for Those with EDs

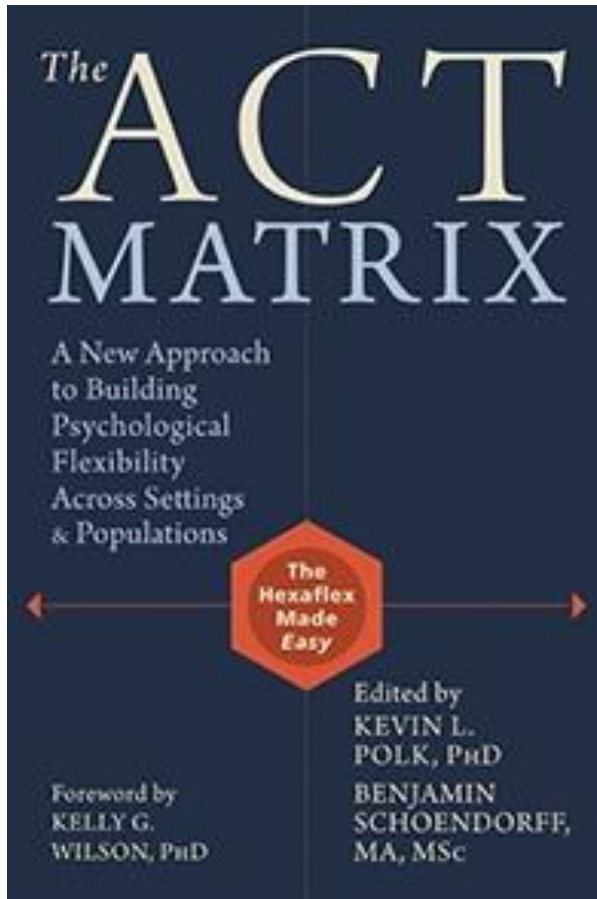




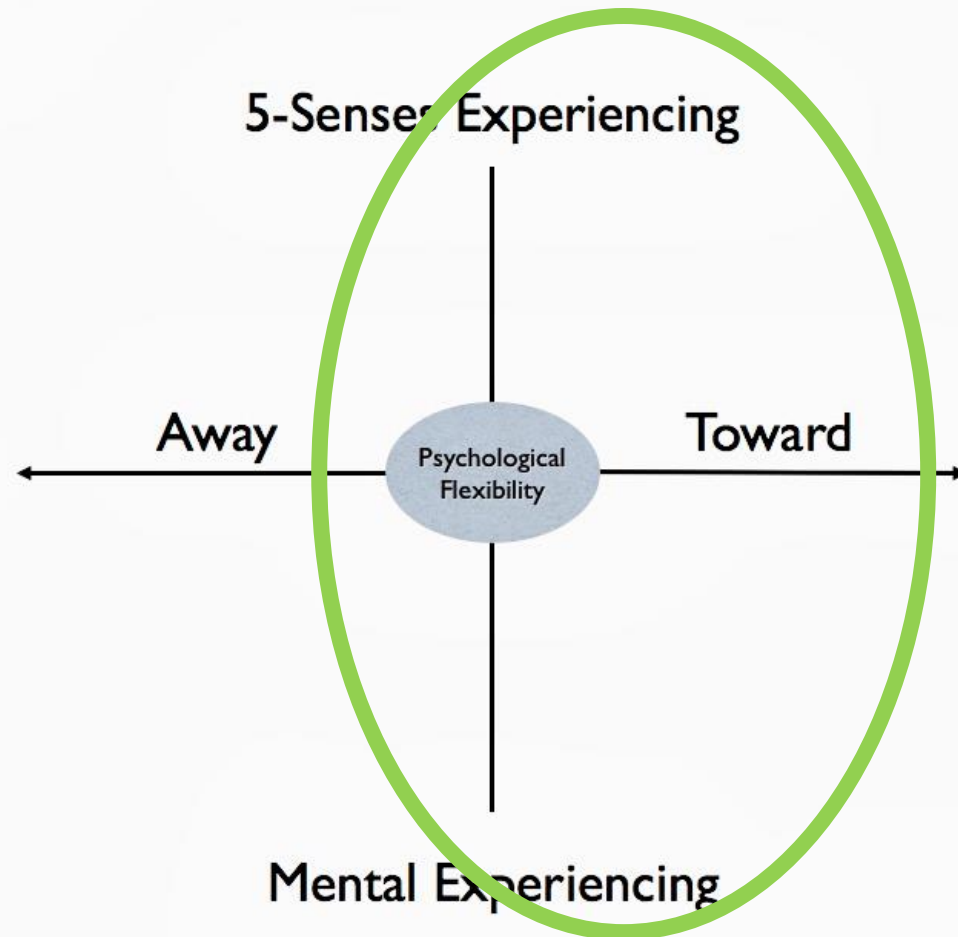
The Matrix



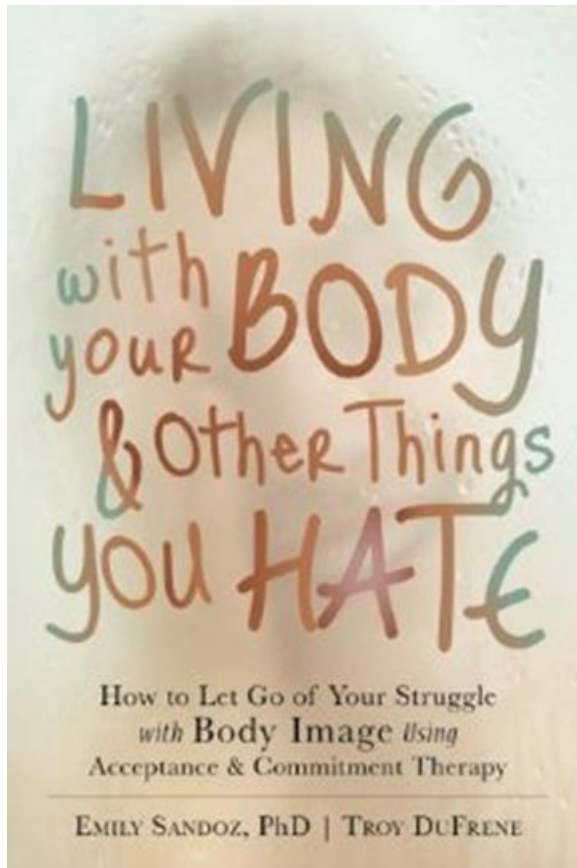
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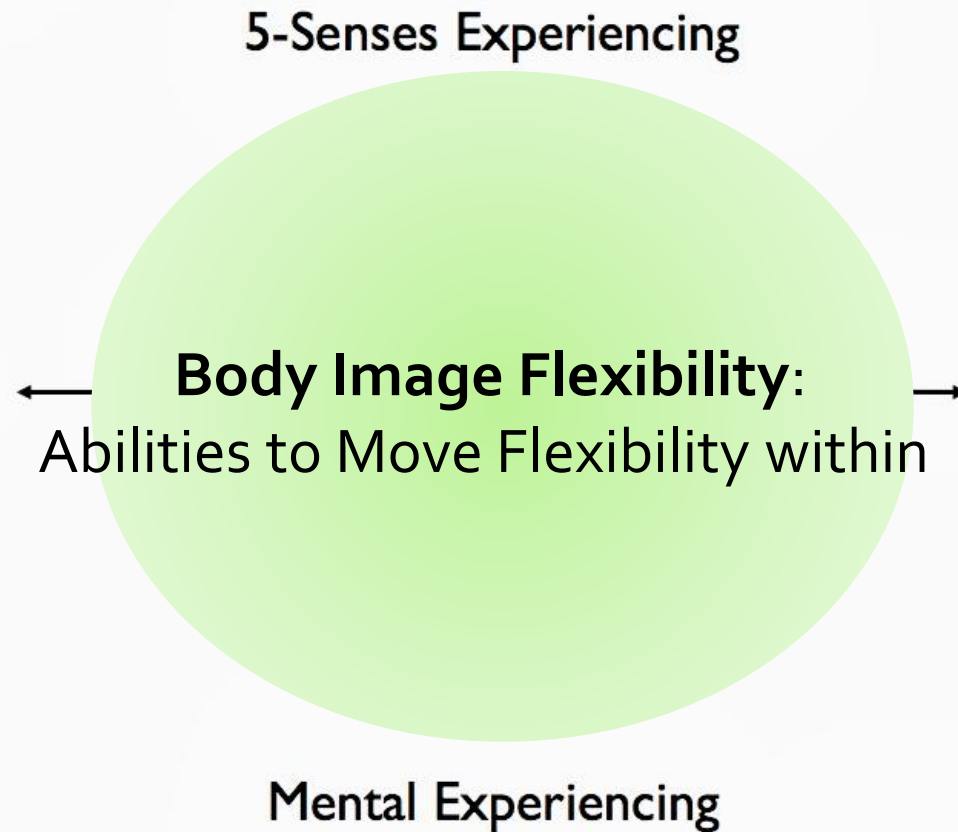
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The Matrix

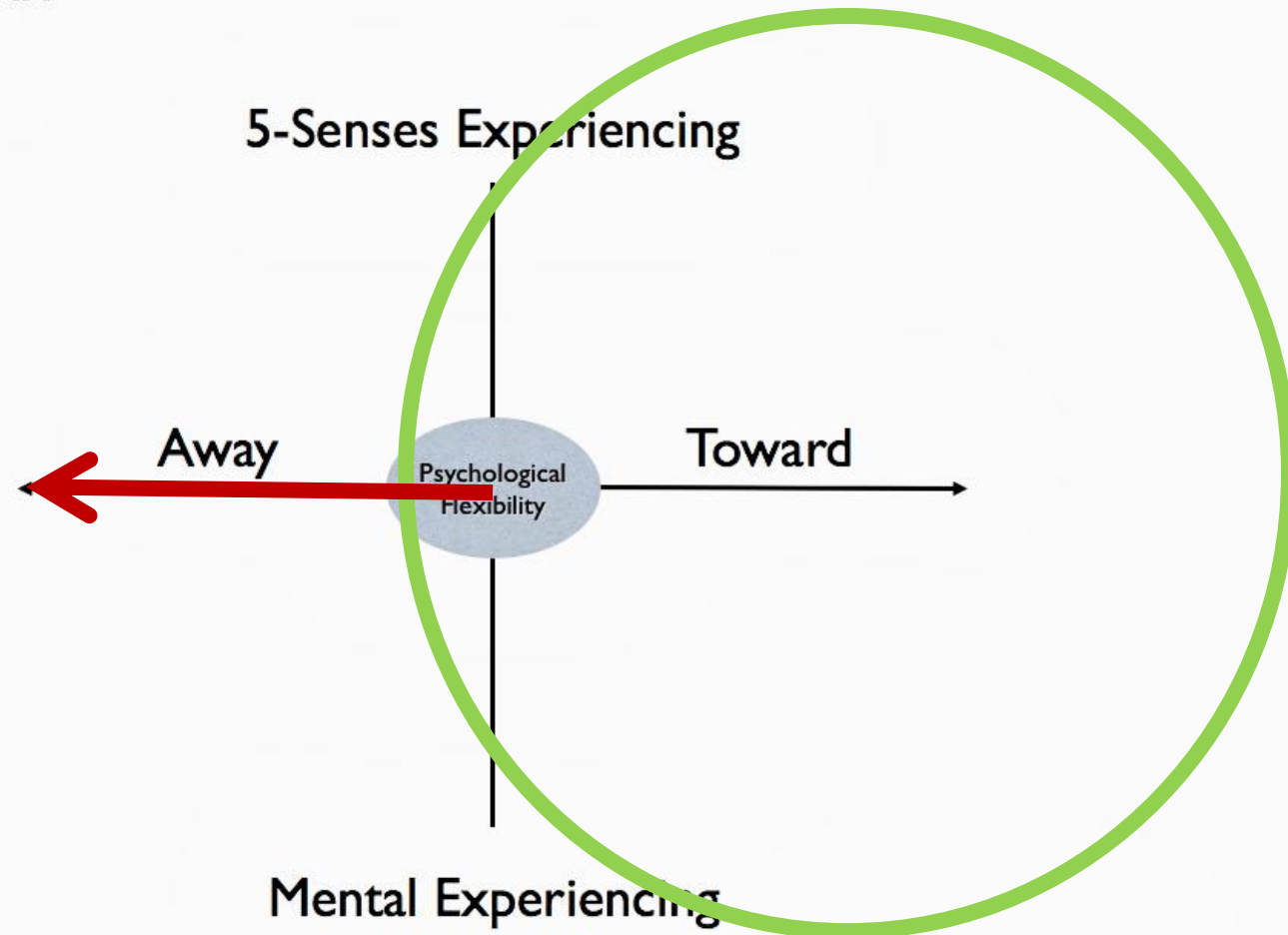


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Body Image Flexibility & ED Behavior

- Increasing acceptance of emotional distress & defusion from body image-related thoughts are important in ED treatment (Trindade & Ferreira, 2014)
- Greater body image flexibility is associated with:
 - Less disordered eating (Ferreira et al., 2011; Hill et al., 2013; Sandoz et al., 2013; Wendell et al., 2012)
 - Low body dissatisfaction (Hill et al., 2013; Sandoz et al., 2013)
 - Less experientially avoidant exercise & eating behavior (Ciarrochi et al., 2014)
 - More mindful eating & interoceptive awareness (Ciarrochi et al., 2014)
 - Maintaining commitment to values (Ciarrochi et al., 2014)

The Matrix



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ACT & Self-Compassion

- Shame & self-compassion may also be important to consider
 - Individuals with EDs endorse high levels of shame
 - ED behaviors may function as temporary...
 - Relief from shame
 - Source of pride or accomplishment
 - Shame may serve a purpose (e.g., motivation)




ACT & Self-Compassion

- **Self-compassion** = self-kindness + mindfulness + common humanity
(Neff, 2003)
- Self-compassion = antidote to shame
(Gilbert, 2005)



ACT & Self-Compassion



With self-compassion, we give ourselves the same kindness and care we'd give to a good friend.

<http://self-compassion.org>

The Matrix

- Isolation
- Binging
- Purging
- Excessive Exercise
- Food Intake Restriction

- Fear of gaining weight
- body dissatisfaction
- Perfectionist tendency
- Perceived Lack of control

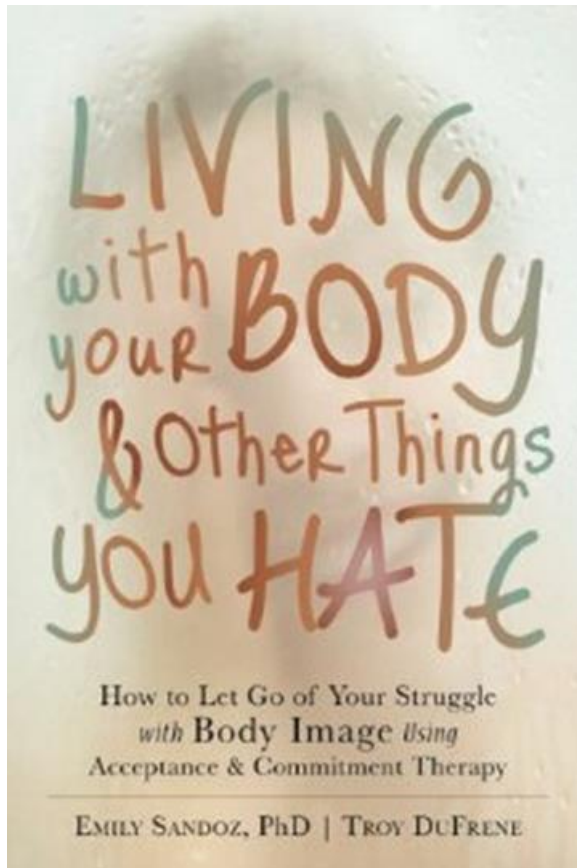
5-Senses Experience

Away

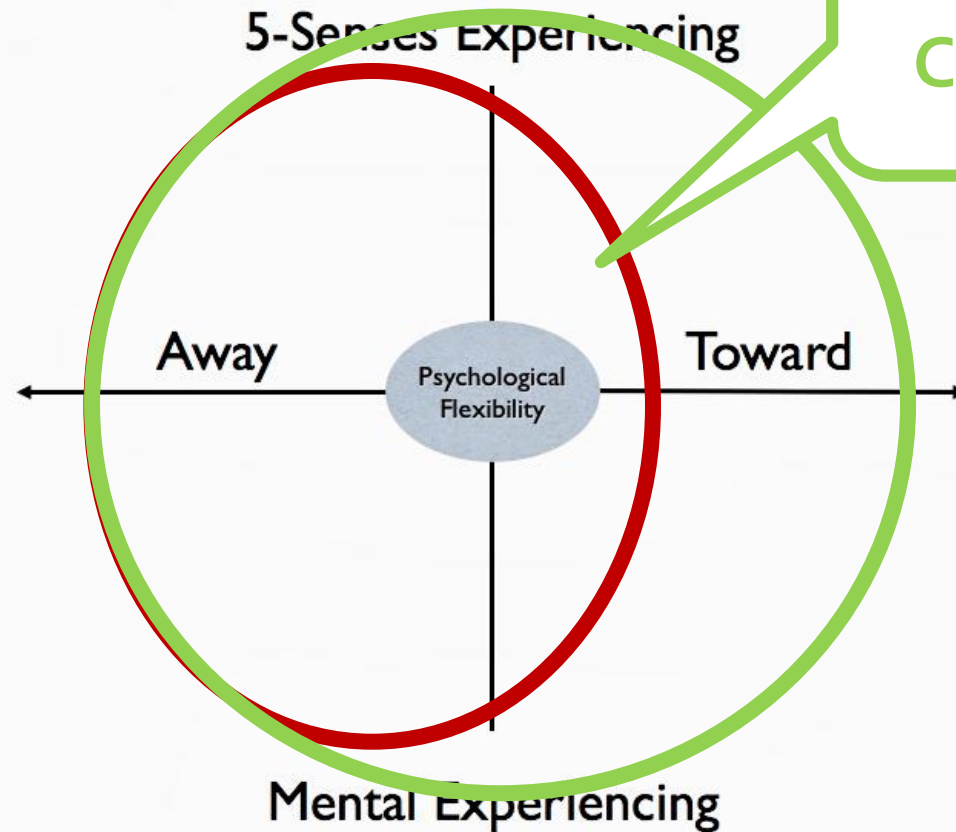
Mental Experiencing

Shame and Self-Stigma
often feed
and
regulate
these domains

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The Matrix



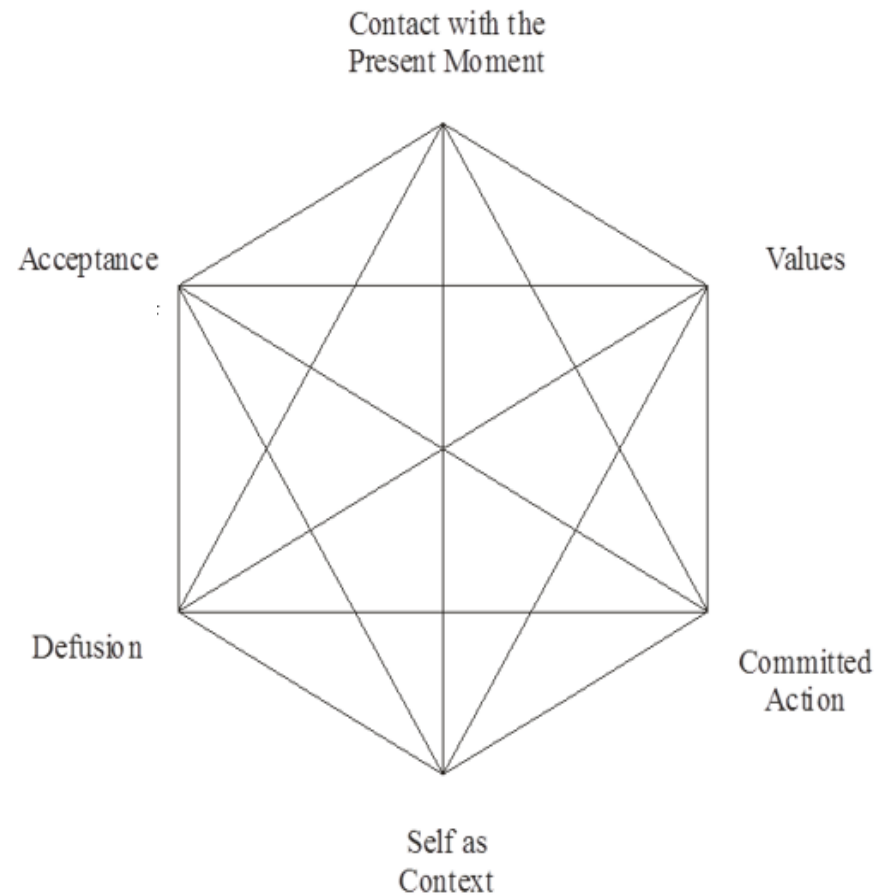
With Self-Compassion

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ACT & Self-Compassion

ACT	Neff's Self-Compassion
Self-Acceptance	Self-Compassion
Present Moment Awareness	Mindfulness
Ubiquity of Human Suffering	Common Humanity

- ACT can be adapted to focus specifically on self-compassion

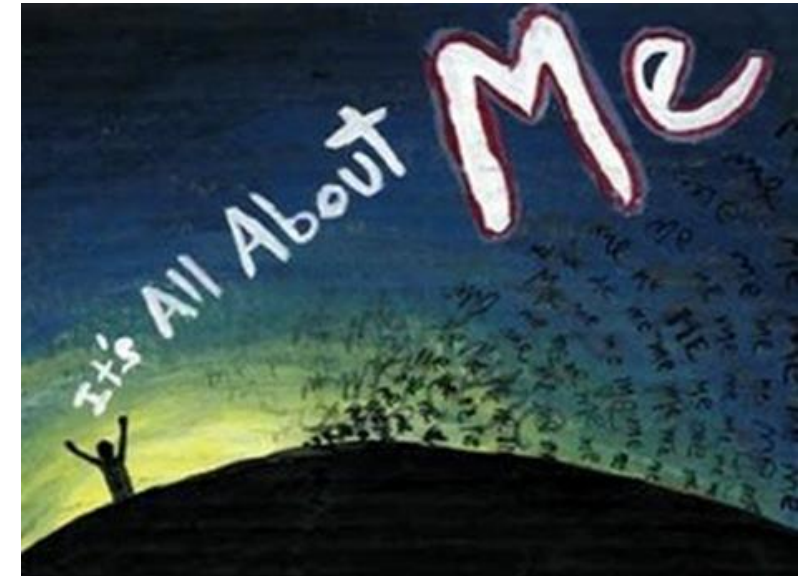
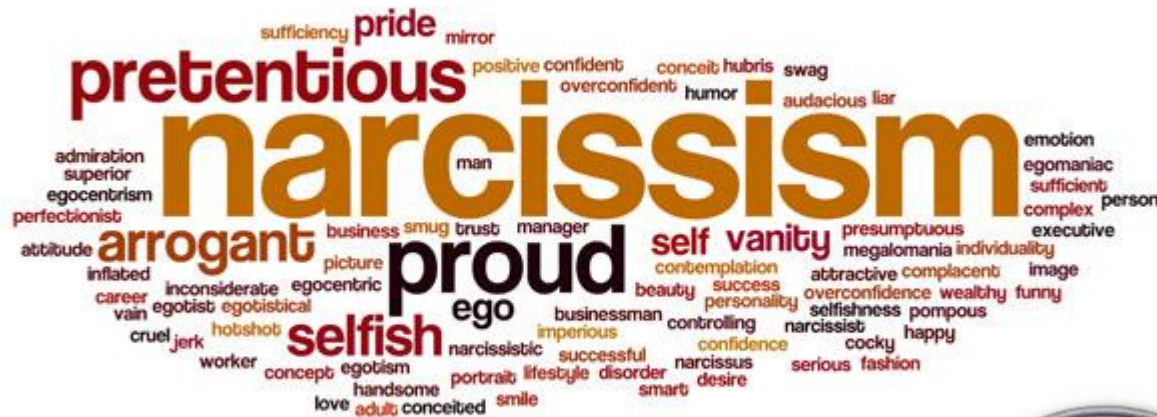


(Luoma, 2014)

www.actwithcompassion.com

ACT & Self-Compassion

- Fear of self-compassion may be important to assess & target in treatment



ACT & Self-Compassion

- Fear of self-compassion may be important to assess & target in treatment



ACT & Self-Compassion





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Case Examples

Individual Therapy for Problematic Eating Habits, Excessive Dieting and Exercise, or Body-Image Concerns

The GSU Psychology Department is seeking those who are struggling with body image problems, excessive diet/exercise, binge eating, purging, laxative misuse, or other related problems to participate in a study investigating the effects of a new psychotherapy, called Acceptance and Commitment Therapy (ACT)



The program will require approximately 30 hours of your time for up to 25 weeks (e.g., the length of self-monitoring period). More specifically, the program consists of (a) up to 3 weeks of daily self-monitoring, (b) 10 weekly-individual-psychotherapy sessions plus daily self-monitoring, and (c) a 3-month check-up.

You are eligible for the study if you are 18 years of age or older, have these concerns, and do not require immediate medical attention for severe physical or psychological problems. There will be no compensation for your involvement in this study, except FREE treatment for your eating- and body-image problems.

Your participation in this study is completely voluntary, and you may discontinue your involvement at any time. We hope you decide to join the study and help out your faculty!



 Follow up. Start by Friday, January 17, 2014. Due by Friday, January 17, 2014.
You replied to this message on 1/21/2014 8:30 AM.

From: [REDACTED] edu>

Sent: Fri 1/17/2014 2:01 PM

To: Akihiko Masuda

Cc:

Subject:

Good Afternoon Dr. Masuda,

My name is [REDACTED] I spoke to you earlier today about my interest in receiving treatment for an eating disorder. I am available to meet with you Wednesday Jan. 22nd any time between 1:30-3:00pm or Friday any time after 12:00pm to talk about the options that I have within the Psychology Department. I greatly appreciate your time and assistance.

Sincerely,

[REDACTED]

Case example 1: 21-year-old college student



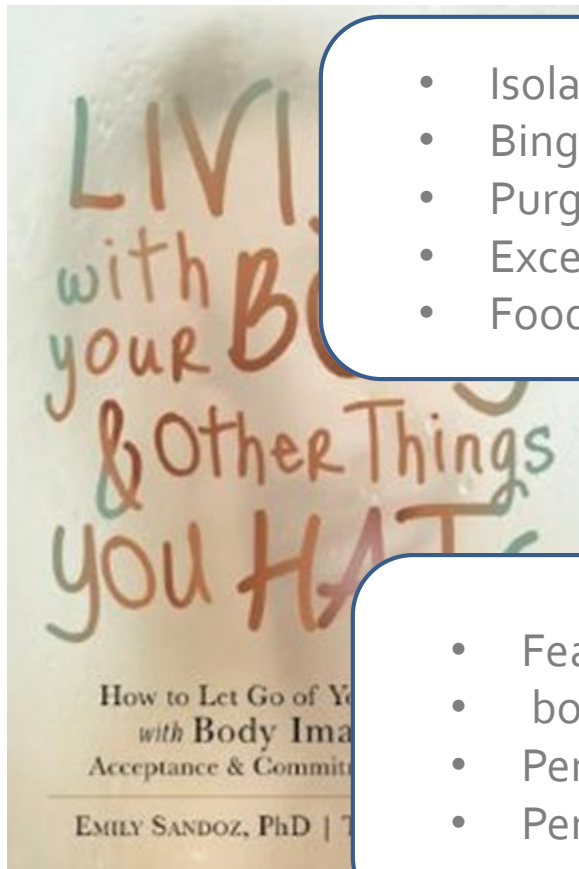
- Latina
- Single but dating
- Heterosexual
- “A” student
- “I throw up”

Pre-Treatment: Assess if ACT is Suitable

- ED concerns reflect rigid efforts to control, avoid, and down-regulated unwanted private events

Case Conceptualization

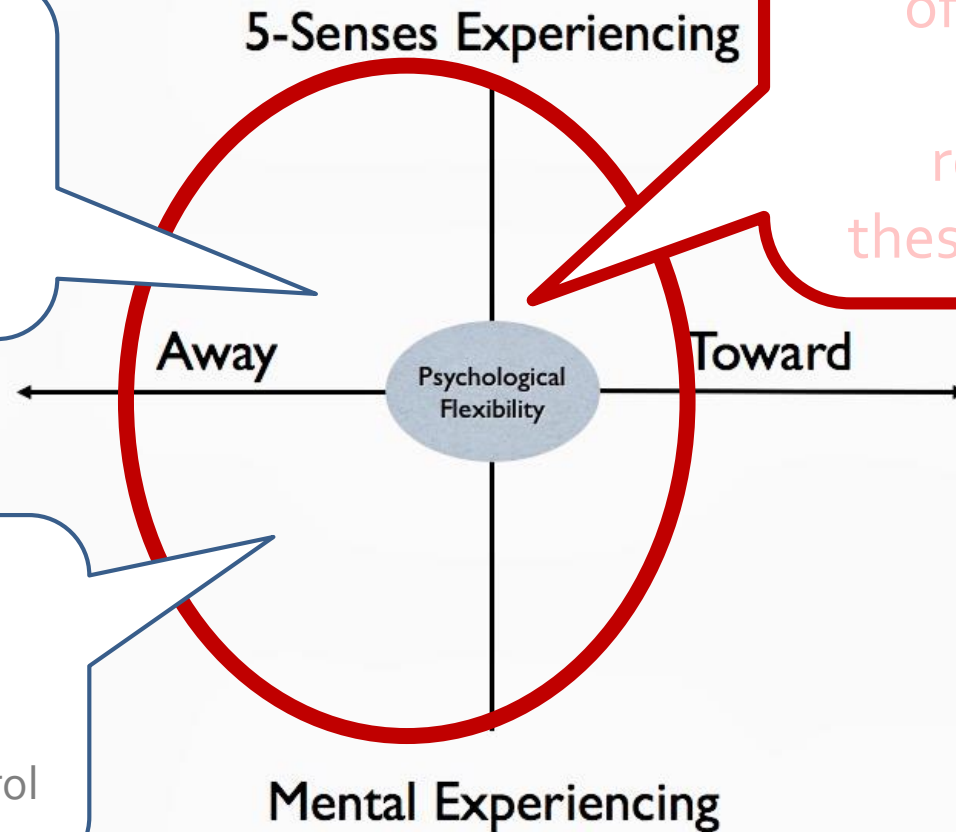
- The client feels stuck because of ED concerns
- Rigid rules for self and problem-solving feed this pattern
- Pursuing a life worth living is a treatment goal
- The client is open to the experiential nature of therapy



The Matrix

- Isolation
- Binging
- Purging
- Excessive Exercise
- Food Intake Restriction

- Fear of gaining weight
- body dissatisfaction
- Perfectionist tendency
- Perceived Lack of control



Shame and
Self-Stigma
often feed
and
regulate
these domains

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Step 1: Assess if ACT is Suitable

- What questions would you ask a client?
- What additional information would you need to know to conceptualize the client's problem from an ACT perspective?

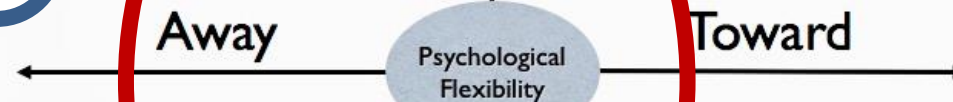
The Matrix

- Isolation
- Purging
- Exercise
- Monitor Food Intake
- Body scanning

- Fear of gaining weight
- body dissatisfaction
- Perfectionist tendency
- Perceived Lack of control

5-Senses Experiencing

- “I can’t stand myself...”
- “I have to keep it under control”.

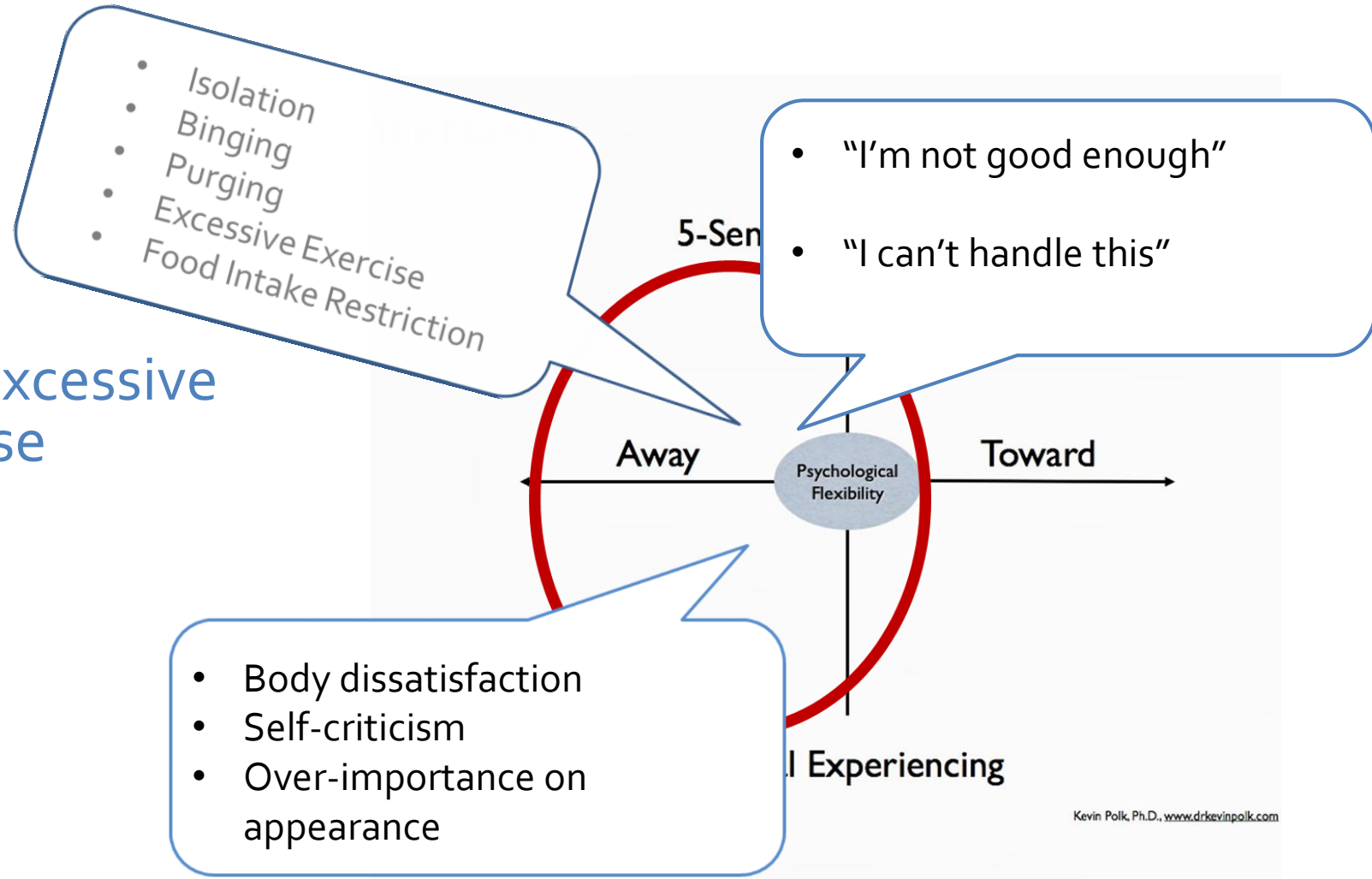


Mental Experiencing

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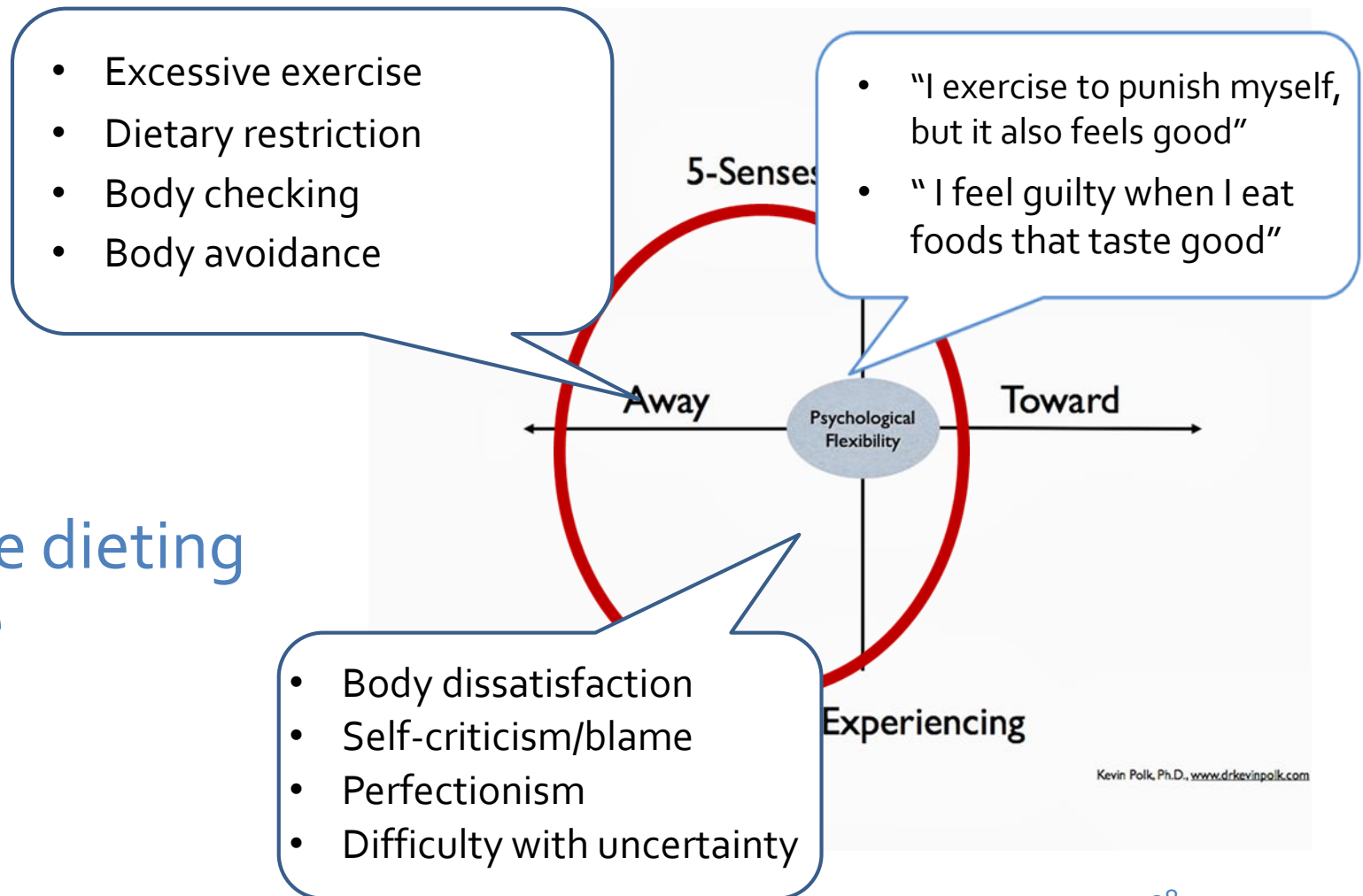
Case Example 2: 40-year-old graduate student

- Latino
- Homosexual
- Married
- “Compulsive eating,” excessive exercise, laxative misuse
- Long history of
 - Body dissatisfaction
 - Excessive dieting
 - Anxiety
 - Substance abuse



Case Example 3: 24-year-old dance teacher

- White
- Heterosexual
- Married
- Restricting/excessive dieting & excessive exercise





ACT Treatment Protocol

ACT Treatment: An Example

Session	Treatment Components	Goals/Purposes
1	Orientation to ACT	<ul style="list-style-type: none"> • Develop rapport & identify treatment goals
2-4	Shift in perspective: Control is the problem	<ul style="list-style-type: none"> • Identify problematic coping strategies for internal events & their costs • Evaluate short- & long-term effectiveness • Consider alternatives to control-focused strategies
5-7	Mindfulness, defusion & acceptance	<ul style="list-style-type: none"> • Learn to notice/observe private events • Choose to be open to them rather than avoiding, fighting with, or ignoring
8-10	Values clarification & committed action	<ul style="list-style-type: none"> • Identify important areas of life (beyond weight & appearance); develop plans to move towards them

1. Orientation to ACT

- Recognize the function of ED behaviors
- Differentiate between pain & suffering
- Identify treatment goals
- Determine if/how ACT may be different from client's previous therapy experience or expectations

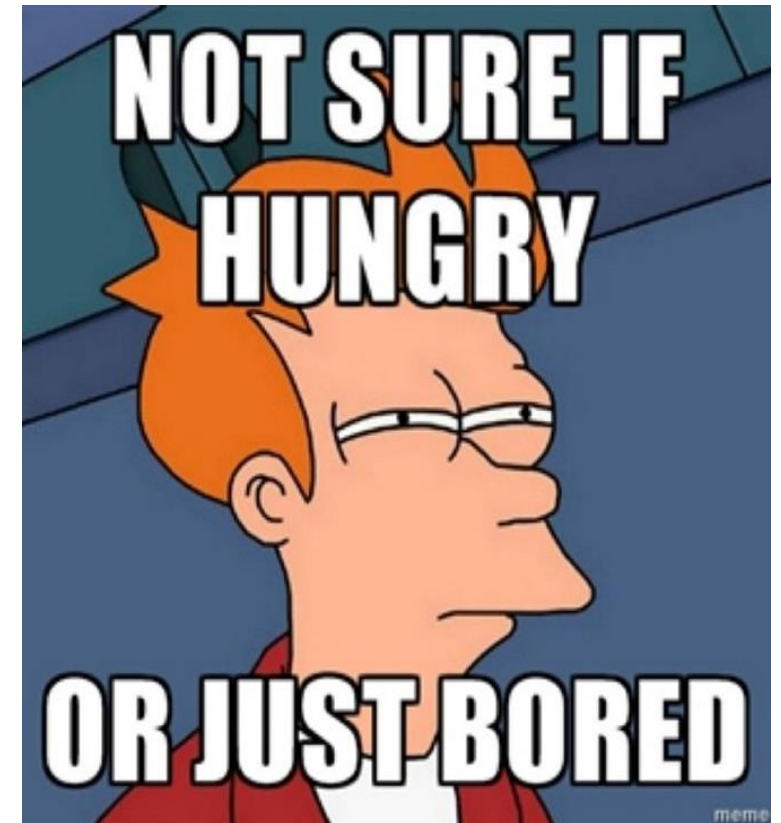


2. Shift in Perspective

- Assess the cost of avoidance (ED behaviors specifically & life more generally)
- Recognize the difference between what the mind says and actual experience
- Differentiate between private events and behaviors; determine which are able to be controlled
- Recognize that trying to stop thinking about painful situations or emotions paradoxically makes them stronger and more frequent
- Recognize experiences of shame and identify the function of shame
- Identify the benefits of ED behaviors (what does the ED offer?)

3. Mindfulness, Defusion, and Acceptance

- Consider alternatives to control strategies
- Define mindfulness/present-moment awareness & practice in-session
 - Mindfulness of thoughts & emotions
 - Mindful eating
 - Mindfulness of bodily sensations, including hunger & satiety
- Body appreciation vs. focus on appearance



3. Mindfulness, Defusion, and Acceptance

- Defusion from difficult thoughts
 - Relating to thoughts differently
 - Card exercises
 - “Milk, milk, milk” exercise
- Perspective-taking exercises
 - Treating self like your best friend/self-compassion writing exercise

see: <http://self-compassion.org/exercise-3-exploring-self-compassion-writing/>

- Thinking of the “younger you”
- “Carrying your cards” exercise



4. Values-Clarification & Committed Action

- Identify values as key to vital living
 - “Two kids in the car” metaphor
 - Bus metaphor
 - 80th birthday or write your own eulogy



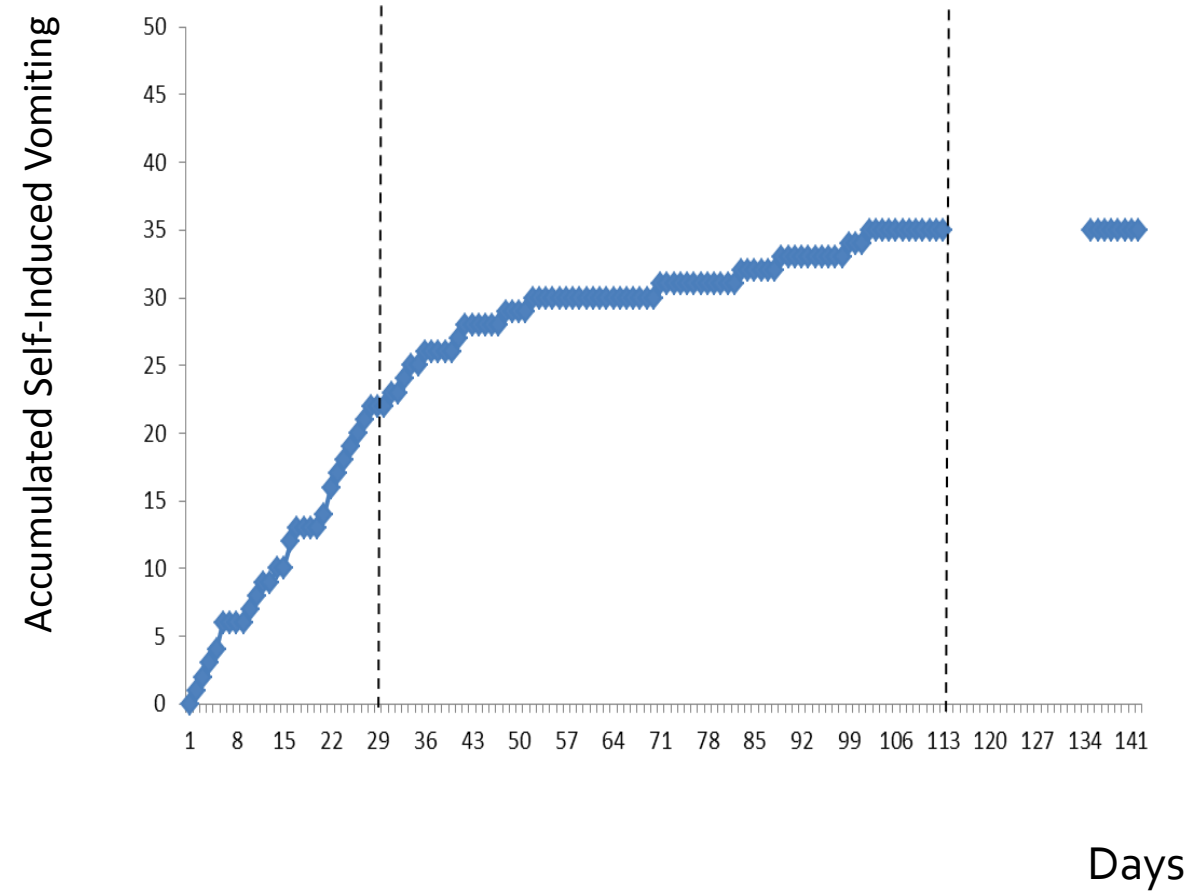
4. Values-Clarification & Committed Action

- Use values to guide committed action
 - Create treatment goals consistent with clients' values
 - Jumping/All-or-None

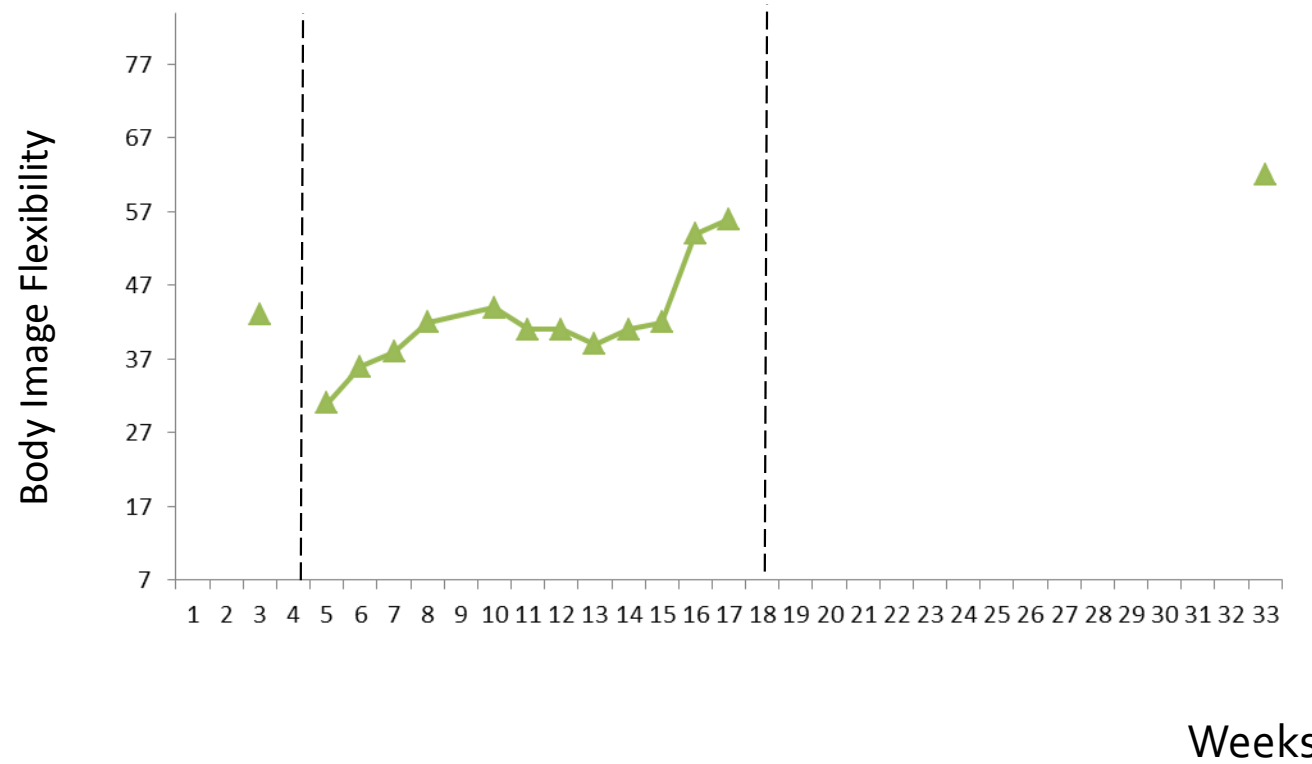


- Address potential barriers to committed action
 - Assume that clients will experience set-backs & commit to helping get them back on track

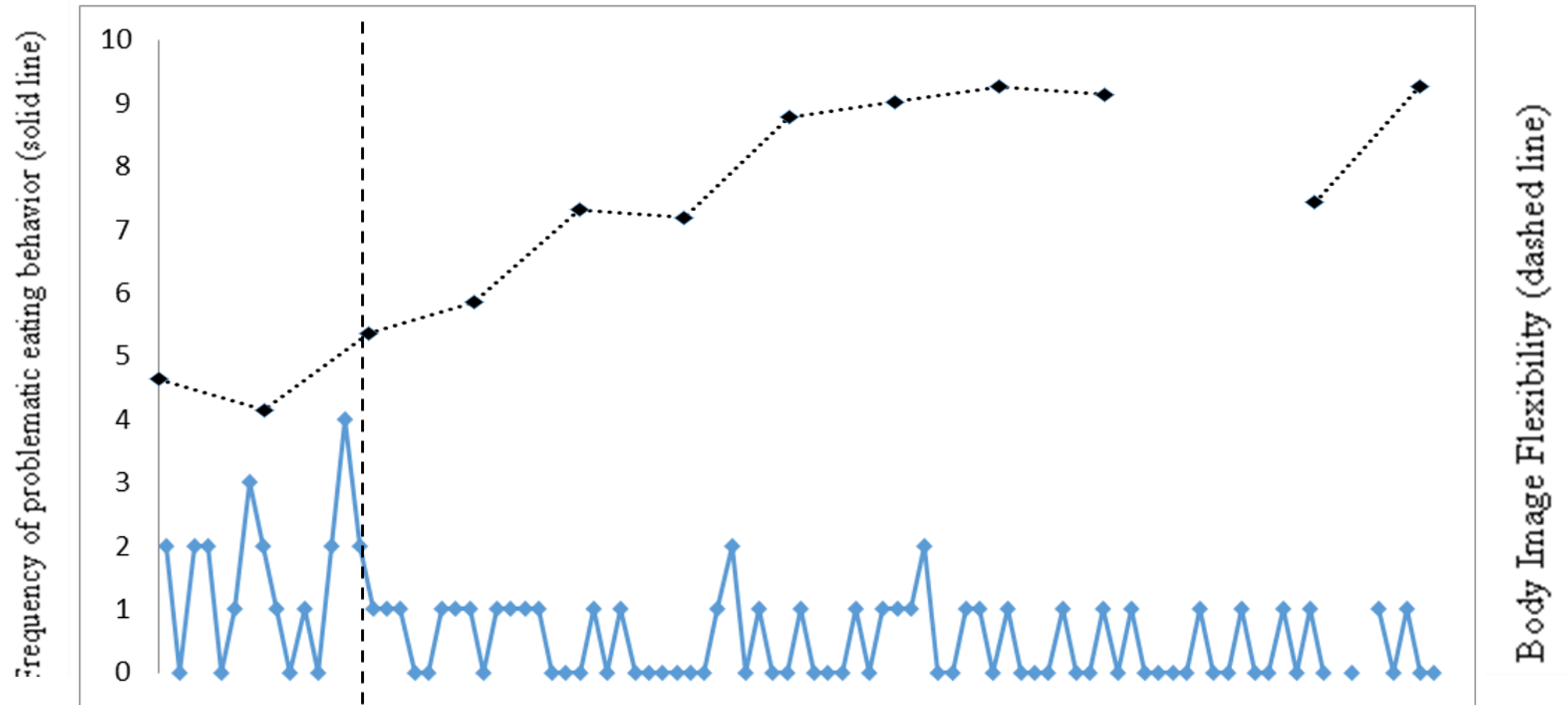
Results of ACT for Purging (case 1)



Results of ACT for Purging (case 1)



Results of ACT for “Compulsive Eating” (case 2)



Daily frequency of compulsive eating and weekly body image flexibility in baseline, treatment, and follow-up phases.



Potential Challenges to Consider

Potential Challenges to Consider

- Client rigidly holds values despite experiencing problems
- Therapist moves too quickly
- Therapist intentionally or unintentionally prohibits the client from engaging in ED behavior *without* pointing to an alternative
- Therapist allows therapy to be more didactic than experiential
- Therapist allows reactions to the client (e.g., preconceptions about “difficult clients”) to interfere with therapy
- Therapist’s own shame/self-criticism



This applied to both clients and therapists!

Thank you!

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