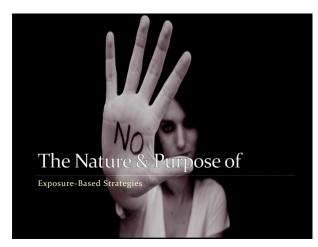
The Nuts and Bolts of Exposure-Based Work in Acceptance and Commitment Therapy

with John P. Forsyth and Jamie R. Forsyth Fellow Travelers on this life journey <u>Contact & Web</u>: www.drjohnforsyth.com



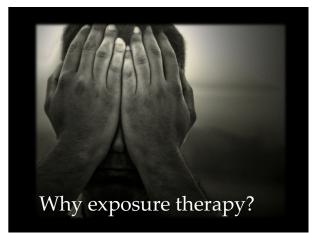


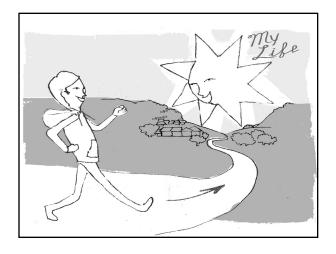


What is exposure anyway?

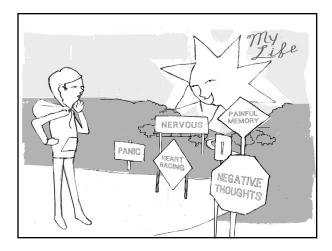
• Meaning of a word

- The action of uncovering or leaving without shelter or defense; unsheltered or undefended condition
- To lay bare; to lay open to attack, danger, or anything objectionable; to render accessible
 To deprive of concealment; to discover; to lay
- To deprive of concealment; to discover; to lay open to public inspection, or bring to public notice

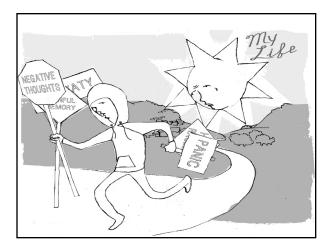




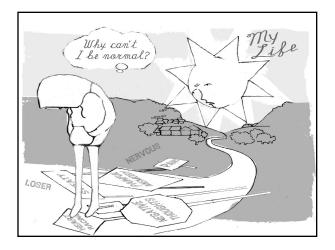


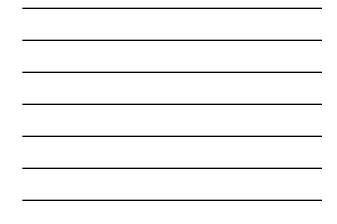














What exposure therapy does

• Counteracts avoidance • Face fear = approach behavior

- Allows for extinction processes to work • Get anxiety reduction over time
- Allows for new learning

 - Not unlearningNot about eliminating fear or pain

 - New safety learningNew inhibitory learning
- Increases mastery and control



Nuts & Bolts of Exposure

- Systematic exposure to a stimulus or situation
 - Usually feared or emotionally painful
 - Usually avoided or endured with distress
- Can also include urges, cravings, impulses
- Fear hierarchy, but not always
- Response prevention avoidance, escape
- Processing what was learned



Types of exposure

- Exteroceptive
 - In vivo actually confronting feared stimuli
 - Applied tension variant of in vivo exposure for bloodinjection-injury phobia
 - In Virtuo virtual reality technologies
- Interoceptive
 - Imaginal guided imagery, scripts
 - Writing exercises about painful events
 - Inducing physical arousal exercise, breathing
 - Systematic desensitization -- imaginal



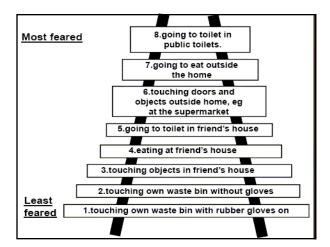
Preconditions & Contraindications

• Preconditions

- Clients must be willing to "face their fears"
- Therapists must be willing too
- Strong therapeutic alliance
- Procedure ought to elicit emotional discomfort
- Contraindications
- Pre-existing physical conditions
- Suicidality, psychosis, substance abuse
- Some medications may retard/block exposure

Basic Steps

- Rationale
- Assess feared content and avoidance
- Develop (with client) exposure activities
- Prioritize based on worst presenting fears
- Develop fear ladder or hierarchy
- Decide on exposure starting point
- If possible, begin with moderately distressing item



Basic Steps

- Rationale
- Assess feared content and avoidance

100

- Develop (with client) exposure activities
- Prioritize based on worst presenting fears
- Develop fear ladder or hierarchy
- Decide on exposure starting point
- Do exposure in-session
 - Model first, then have client do activity
 - ✓ Solicit SUDs pre and post each exposure

Basic Steps

- Rationale
- Assess feared content and avoidance
- Develop (with client) exposure activities
- Prioritize based on worst presenting fears
- Develop fear ladder or hierarchy
- Decide on exposure starting point
- Do exposure in-session
- Repeat until you see 50% drop pre/post SUDs

Review and process what was learned

Distraction and exposure

- The role of "dissing" exposure
 - Distraction is bad if function is avoidance
 - "dissing" exposure gives fear more traction
- Distraction can enhance exposure if:
 - Client is fully engaged in exposure
 - While acting in a way that is inconsistent with a fear response, including avoidance
 - ✓ Engaging in a social conversation
 - ✓ Doing important work

Minimize safety behaviors

Evaluate safety behaviors

- Checking pulse, leaving window or door open, having others around, carrying medications (even an empty pill bottle)
- If present during exposure, then exposure will not be maximally effective!
- Why? Conditionality and context

Practical implications

- Evaluate & identify safety behaviors
- Client commitment to "diss" safety behavior

Medications & exposure

- Medications are often used by clients
 - Yet, few mediations enhance exposure
 - Can retard gains, leading to drop out
 - Consensus (13+ RCTs):
 Rapid response with medications
 Best long-term outcomes with exposure alone

Ressler et al, 2004

Other important parameters

- Length & number of exposures
 - Long enough to ensure fear reduction
 - 50% reduction rule, plus 1-3 repetitions
 - Avoid premature termination of exposure trial

How to distribute exposures

- Do massed sessions early, then tapper
- Don't move too quickly
- At home practice
- Important to enhance generalization
- Provide client with audio of exposure in-session

Are we doing enough?

• Down-side of "traditional" exposure

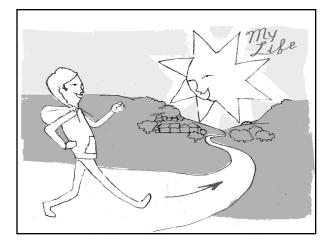
- Many clients dislike it (and many therapists do too)
- Many therapists do not use exposure interventions
- Many anxious individuals fail to benefit
 45% OCD (Stanley & Turner, 1995)
 20-40% PTSD (Lauterbach & Reiland, 2009)
 - 20-40% PTSD (Lauterbach & Reiland, 2009)
 Range 7% to as high as 50%
- Context for exposure treatment
 - Anxiety & fear are the enemies
 - Supports struggle client's do this already

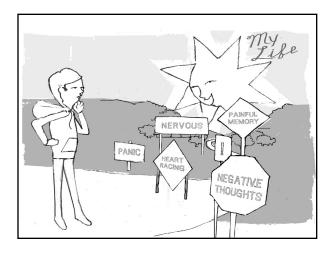
Freihei et al., 2004; Becker et al., 2003



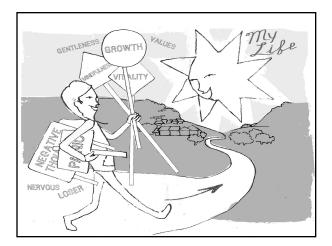
Remember that

Our commitments, our values, often invite obstacles, problems, and pain







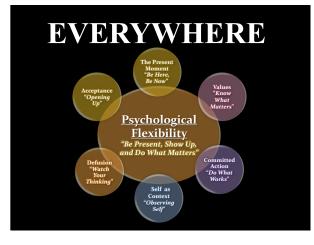








Where does exposure show up in ACT?

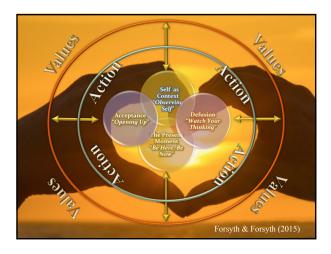


What is exposure in the service of?

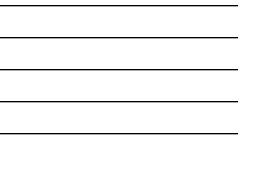
ACT Exposure -- In Service of Values

- There's no law in the universe that says "you must feel at ease around dogs ... or that you should like them...or like thinking and feeling discomfort"
- So, why are we doing this?Let's make this be about something... Your life!
- Are you willing to find out what it's like to be inside your skin, without defense?
- Let's see what's there to be thought and felt
- Are you willing to do that if that meant _____
- If yes, then can be arranged in a hierarchy like CBT

_?







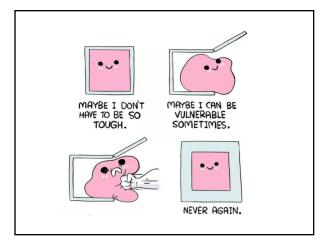


vulnerable /ˈvʌln(ə)rəb(ə)l/

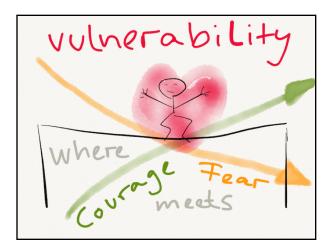


adjective

exposed to the possibility of being attacked or harmed, either physically or emotionally. "we were in a vulnerable position" *synonyms:* in danger, in peril, in jeopardy, at risk, endangered, unsafe, unprotected, illprotected, unguarded; More

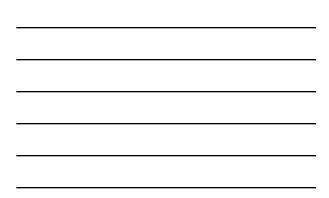








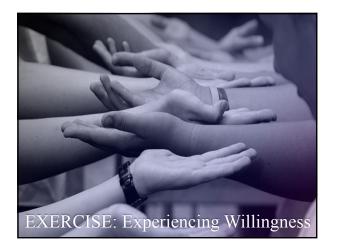


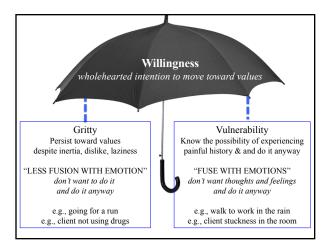


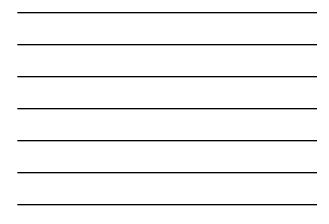


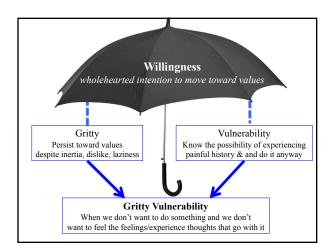














What is important is to come back to reality and recognize that this is a journey and the human experience is a fucking roller coaster but I stand here to tell you that its worth the ride. And when you might want to get off because things get uncomfortable.

Where the magic happens pro

Get uncomfortable. Because that's where the magic happens and those messy, uncomfortable, vulnerable and very human moments have built me up to be someone I am proud of and someone who can see the beauty that surrounds me again

To share your weakness is to make yourself vulnerable; to make yourself vulnerable is to show your strength. -Criss Jami

— Your Comfort Zone

We emotionally "armor up" each morning when we face the day to avoid feeling shame, anxiety, uncertainty, sadness, and fear. The particular armor changes from person to person, but it usually comes back to a struggle with what we feel, think, sense, and remember.

Do any of these sound familiar?





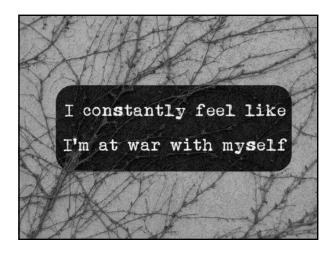












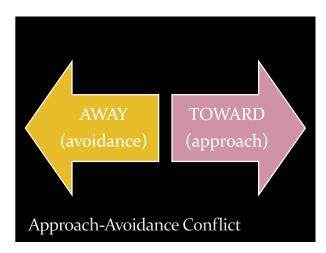




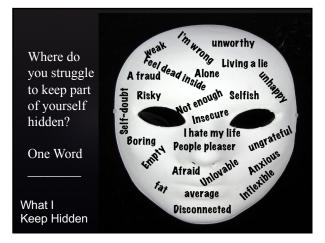


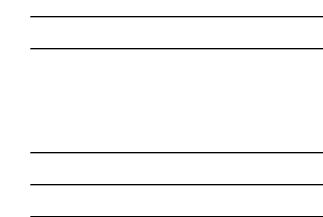












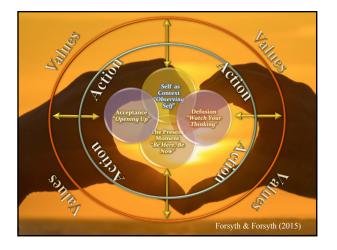


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Though we all have the seeds of fear within us, we must learn not to water those seeks and instead nourish our positive qualities – compassion, understanding, and loving kindness.

~ Thich Nhat Hanh

Cultivating Self-Compassion

WHAT IS SELF-COMPASSION?







Recognizing when we're stressed or struggling without being judgmental

or over-reacting

Being supportive and understanding towards ourselves when we're having a hard time vs. being harsh and self-

critical

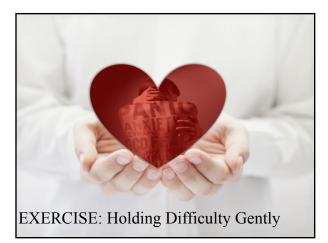
Remembering that everyone makes mistakes and experiences difficulty at times. We are not alone!

Why Compassion?

- Critically Important Exposure Clients
- Have no way to hold the fear because they cannot access self-love, kindness
- They need a way to hold the fear
- Compassion is that way
- Dramatically alters the function of what we carry
- Necessary to foster acceptance

- Evaluate Oppositional Frames
 Powerful litmus test!
- Discover Phrases That Work for the Client
 Ones they won't fight against!
- Watch Languaging in the Room
 "Ewww ... I hate that!"
- ✓ Normalize Client Experience

Compassionate Exposure





Willingness to discover that you are wrong

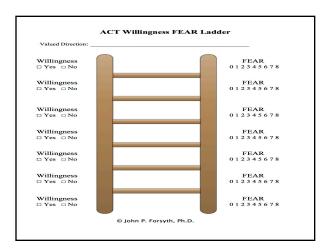
success of data analysis depends every bit as much that do we do when our usual analytical approact the data? We must be willing and able to const prmation and new methods of interacting with a fails. Even when the usual ways work, the its that are possible. Even when it ain't br

ACT Exposure in 7-Steps

- Identify exercise link barriers with values.
- Practice exercise (intero & exteroceptive) in-session & bring client value(s) in the room. Focus on willingness too!
- Client to apply ACT skills (inside sphere-a-flex).
 Chart progress "getting with" discomfort just as it is. Use the FEEL PRACTICE FORMS.
- Reflect on practice.
- Repeat exercises (can be arranged in hierarchy).
- Review ratings on FEEL PRACTICE FORMS.

MY BARRIERS Important Value Area (From Values Worksheet:		
YOU	Barriers Internal Thoughts Feelings & urges Memories Physical sensations External Problem solving Brainstorming Task analysis (small units)	VALUE INTENTIONS







FEEL Exercises

✓ Willingly Dizzy
✓ Willingly Out of Breath
✓ Being Willingly Aerobic
✓ Staring at Self in a Mirror

- Apply mindful acceptance & kindness skills Chart progress
 - Reflect on practice
 - Repeat FEEL exercises
 - **Review ratings on FEEL**

Identify a valued domain

Practice FEEL exercise

Worksheet

FEEL Exercises

- ✓ Bubble Wand
- ✓ Kind Allowing with Disturbing Images
 ✓ Difficult Thoughts & Urges on Cards
 ✓ Stand Silently With Urges
- ✓ Leaves on a Stream
- Identify a valued domain
- Practice FEEL exercise Apply mindful
- acceptance & kindness • Chart progress
- Reflect on practice
- Repeat FEEL exercises
- Review ratings on
- worksheet









