

# ACT + ERP for the treatment of OCD pediatric - adult

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Patricia E. Zurita Ona, Psy.D

ACT beyond OCD

Playing-it-safe podcast

East Bay Behavior Therapy Center

# Who am I and what I do?



BA. Educational/school Psychologist  
Bolivia, South America

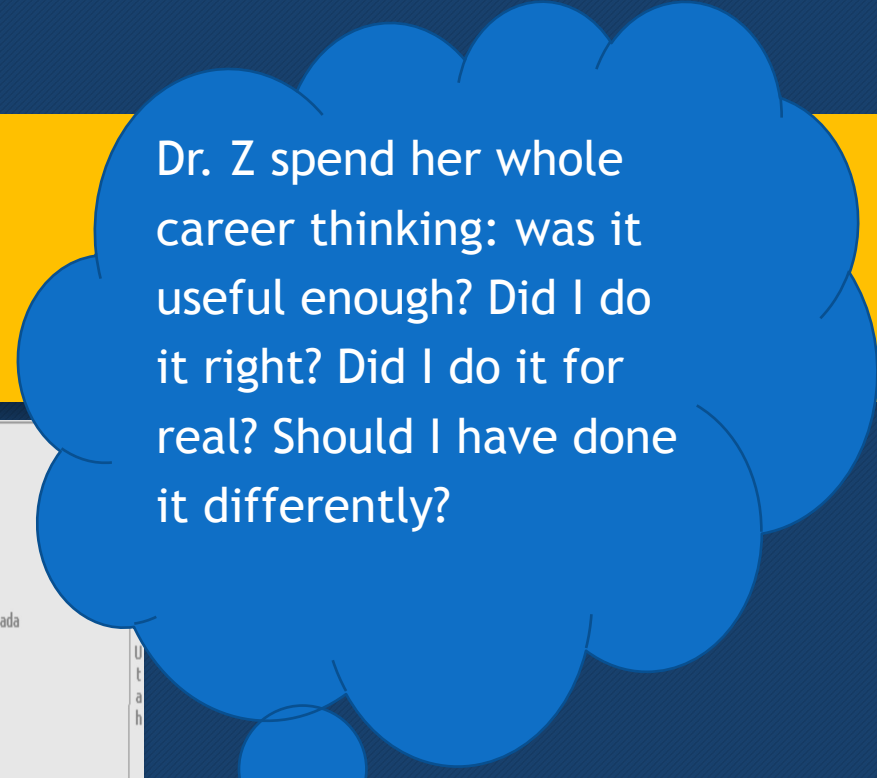
2001 California – behavioral training

Psy.D. Clinical Psychology  
Bay Area, California

Formally trained in CBT, DBT  
behavioral activation, exposure, &  
ACT

Passionate behavior therapist

East Bay Behavior Therapy Center  
Intensive Outpatient Program (IOP)  
67% intensive



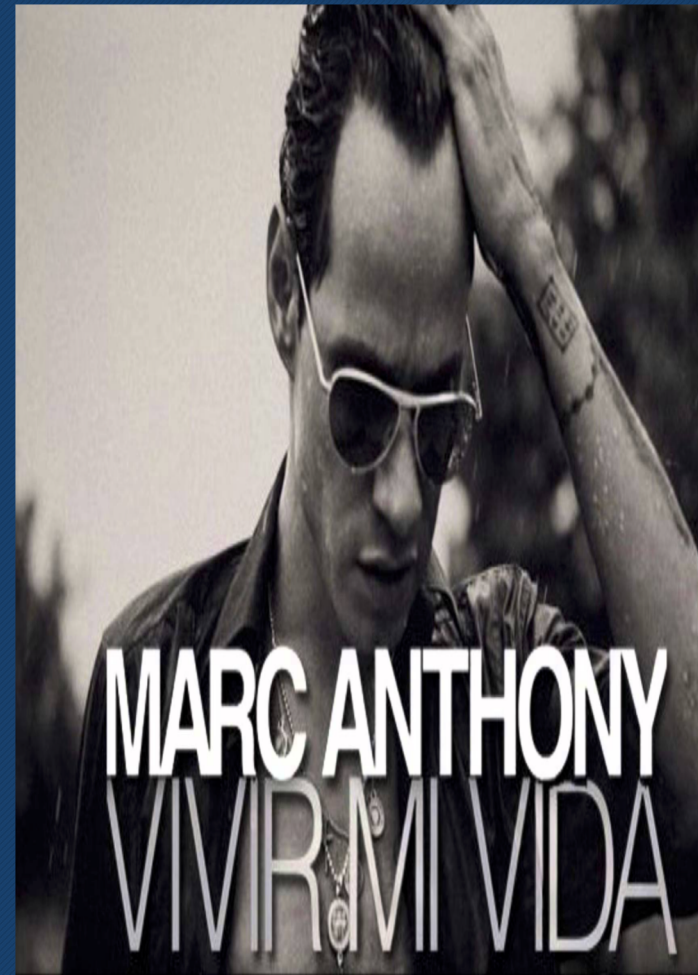
Dr. Z spend her whole  
career thinking: was it  
useful enough? Did I do  
it right? Did I do it for  
real? Should I have done  
it differently?





# My WHYs

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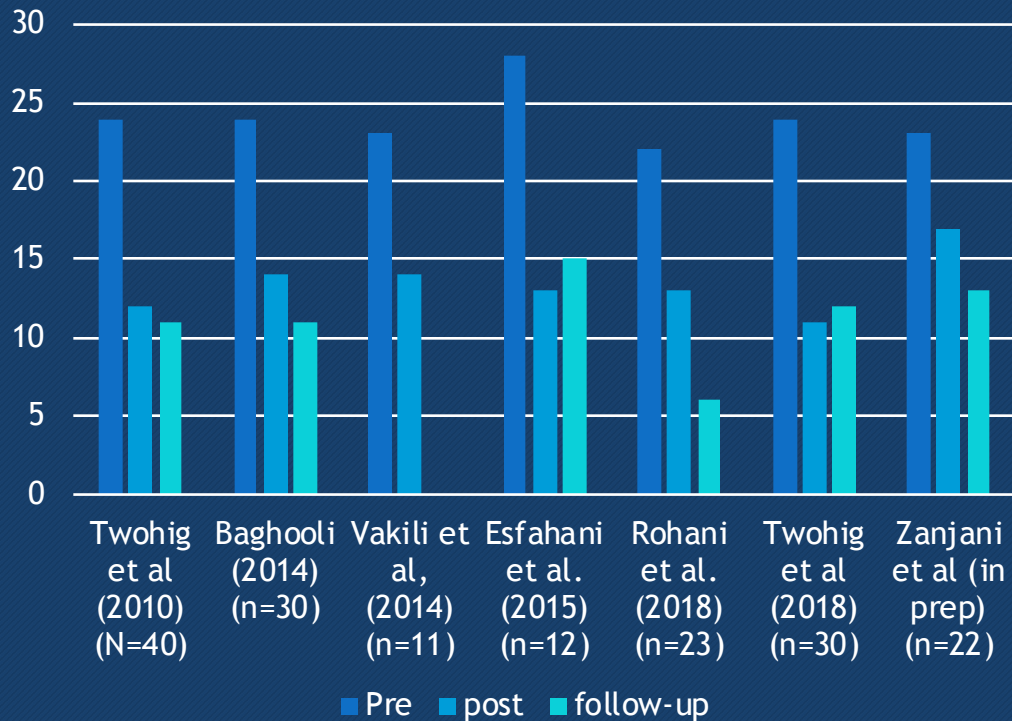
# ACT - how do I do ACT

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# ACT - OCD: Current published data: 2018



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## Adding acceptance and commitment therapy to exposure and response prevention for obsessive-compulsive disorder: A randomized controlled trial

Michael P. Twohig<sup>a,\*</sup>, Jonathan S. Abramowitz<sup>b</sup>, Brooke M. Smith<sup>a</sup>, Laura E. Fabricant<sup>b</sup>, Ryan J. Jacoby<sup>b</sup>, Kate L. Morrison<sup>a</sup>, Ellen J. Bluett<sup>a</sup>, Lillian Reuman<sup>b</sup>, Shannon M. Blakey<sup>b</sup>, Thomas Ledermann<sup>c</sup>

<sup>a</sup> Utah State University, USA  
<sup>b</sup> University of North Carolina at Chapel Hill, USA  
<sup>c</sup> Florida State University, USA

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**ARTICLE INFO**

**ABSTRACT**

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 Exposure and response prevention  
 Obsessive compulsive disorder

The objective of this study was to test whether treatment acceptability, exposure engagement, and completion rates could be increased by integrating acceptance and commitment therapy (ACT) with traditional exposure and response prevention (ERP). 58 adults (68% female) diagnosed with obsessive-compulsive disorder (OCD; *M*

# ACT & Exposure (general)

ACT has been called an “exposure-based treatment” (e.g., Luoma, Hayes, & Walser, 2017)

- Core ACT processes can prepare client for exposure (Levitt et al., 2004).
- Exposure can be used to target and strengthen any of the core ACT processes (Thompson, Luoma, & LeJeune, 2015)



# ACT - view on exposure (targeted)

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Organized contact with repertoire-narrowing stimuli for the purpose of increasing psychological flexibility in the service of living our values (Harris, 2018)

Acceptance

Contact with the Present Moment

Values

**Psychological flexibility**



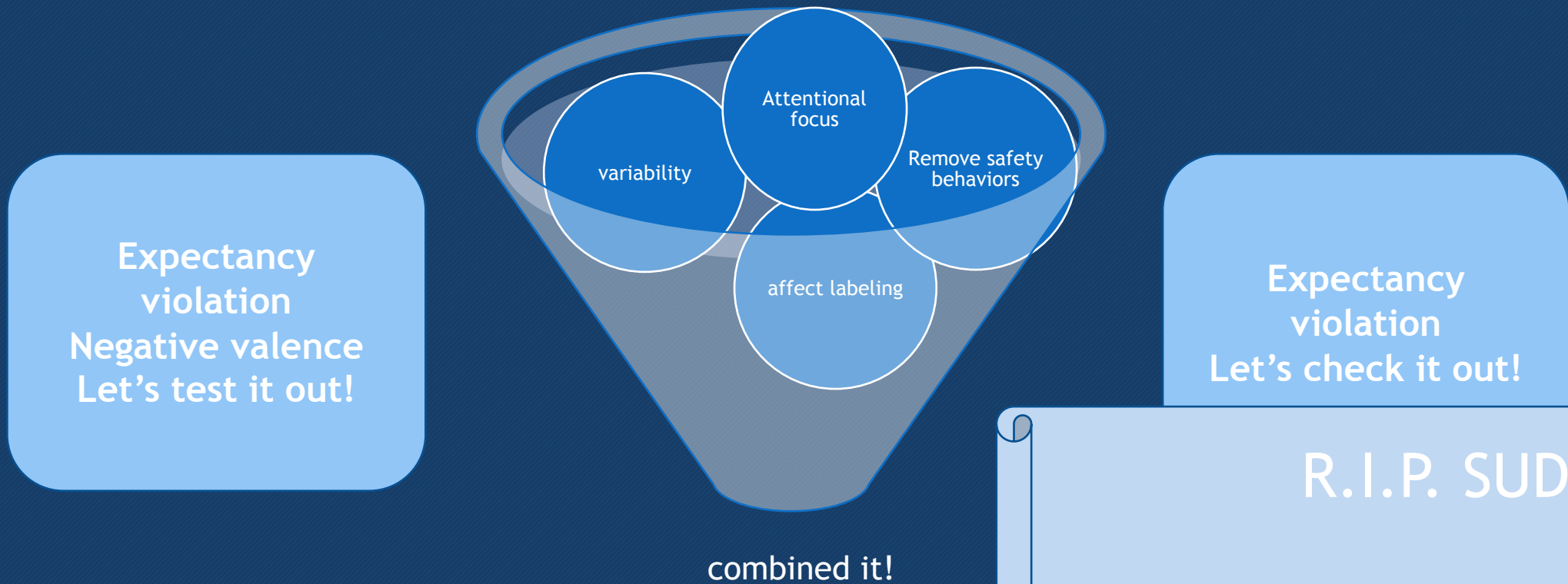
Defusion

Committed action

Self-as-context

# Current exposure theory (ILM)

## Exposure practice





# Views on anxiety, fear, & related feelings

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- When you think and feel better, you will live better
- When I don't have obsessions then I'll be okay
- The problem with anxiety and fear is not....
- Don't we experience fear, anxiety, worries every day?



# ACT - therapist stance for exposure work (Creating a frame for the “work”)

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- Focus on the “process” of approaching towards values-based living
- Stay out of the content: do not do any cognitive change strategy  
e.g. is it really that way? Is it logical? Do you think people believe that? Is it true?
- Do not rush, do not push
- Prompt and prompt (e.g. ...)
- Reinforce watching the mind versus getting hooked on mind-content
- Do not make a assumptions or guesses about the function of the behavior. Key question, what happens if you don't do “compulsion x”... what's the fear
- Watch what you're reinforcing...
- Track ACT processes
- Keep in mind that workability trumps accuracy

R.I.P. SUDS



# ACT - frame for doing exposure

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- How do you do exposures?
- What type of learning do you hope is occurring when doing exposures?
- How do you know you are helping the client?
  - \* Clarification
- How do you measure how the treatment is going?

# ACT's general therapist stance

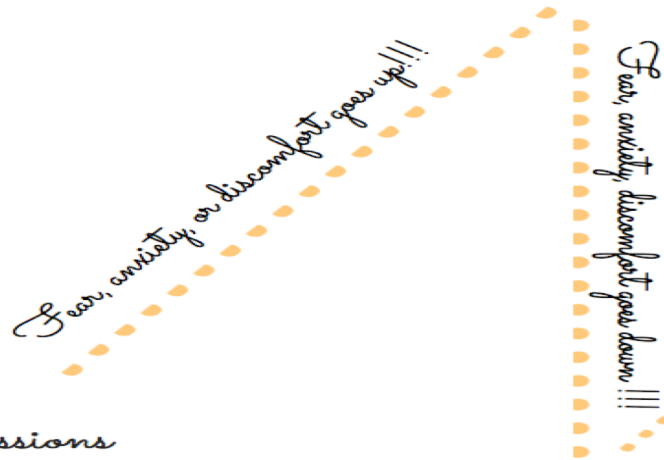
12

- Client and therapist are on equal ground and model curiosity
- Shy away from being too didactic...
  - Experiential by nature
  - Workability trumps accuracy
  - Use metaphors that are relevant to clients..



# ACT: formulation model for OCD

You do two things: compulsions or avoidance over and over



obsessions pop up in your mind



triggering situation

another triggering situation

another triggering situation

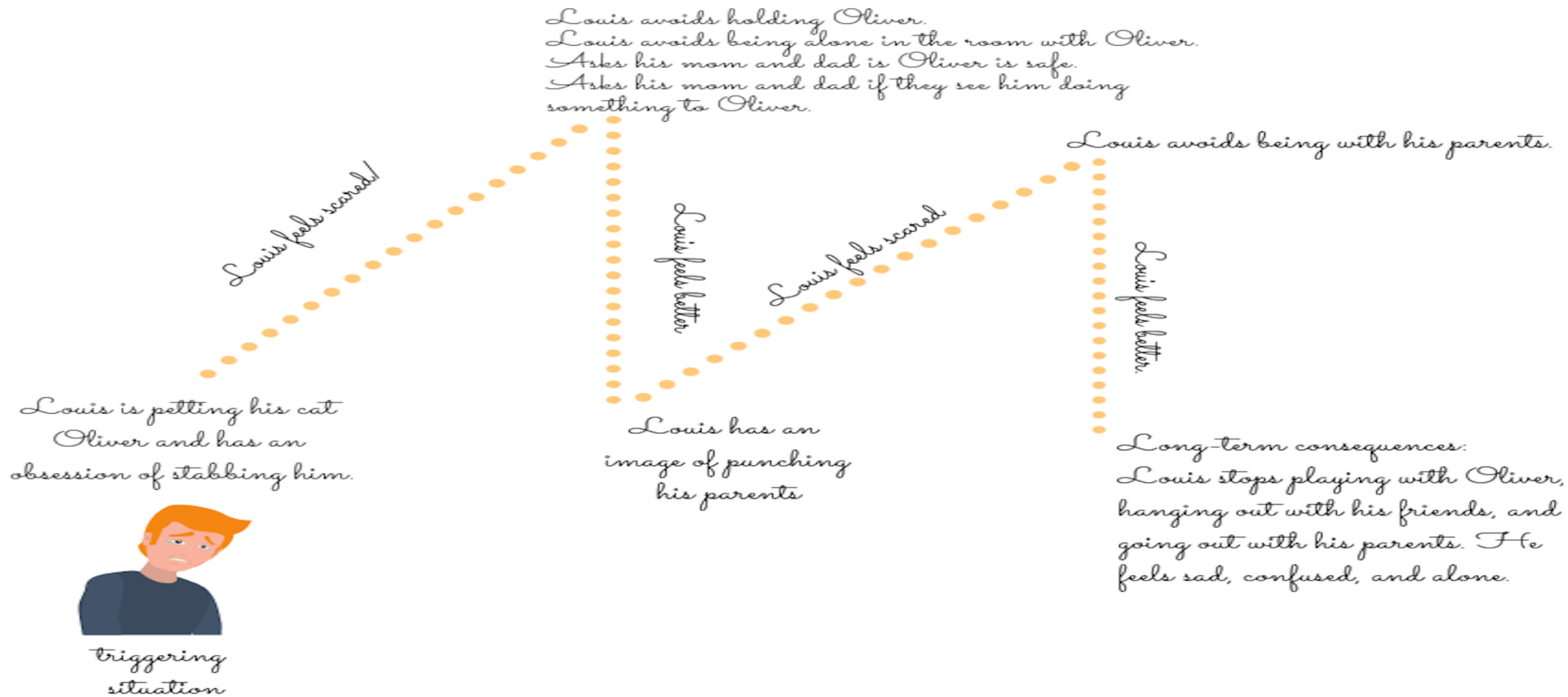
another triggering situation

Compulsions and avoidance work right away because they make your fear go down right away!

But, in the long-term they make everything worst because you stop doing the stuff that you care about!



# ACT: formulation for OCD -





# ACT – OCD ASSESSMENT

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## Adult OCD

- Y-BOCS
- DASS
- AAQ
- White Bear Suppression Inventory

## Pediatric OCD

- C-YBOCS
- AFQ
- Family Accommodation Scale
- Parental Flexibility Questionnaire

## **DASS scores: 60**

Depression: 28 (Extremely severe)

Anxiety: 4 (Normal)

Stress: 28 (Severe)

## **CY-BOCS: 24 (Moderate)**

Obsession sub-scale: 11

Compulsion sub-scale: 13

## **Parental Flexibility Questionnaire: 40**

## **Family Accommodation Scale for Anxiety: 21**

# ACT - OCD ASSESSMENT: Y-BOCS ASSESSMENT

Situation	obsession	compulsion	Time/length/freq
When eating lunch/dinner	Fear of not feeling things right	1 <sup>st</sup> eating meat, 2 <sup>nd</sup> . Vegetables, 3 <sup>rd</sup> , grains, 4 <sup>th</sup> starch food cannot be touching each other	daily
When talking to people that Emma knows	Fear about saying the wrong thing	Blinking: 3x with the whole face	daily
Walking on the street and stepping on cracks	Fear of not feeling things right	Tap items once with her left leg	daily
Seeing pictures in the hallway	Fear of jittery and having butterflies in the stomach.	Straighten pictures in the wall Straighten the TV (*) Straighten the carpet in the living room	5'
Math, English: looking at writing in the whiteboard and words don't look straight	Fear of not feeling things right	Re-reading from the beginning to the end of the sentences	It varies per subject
When completing handwritten homework in History, English, and science subjects	Fear of feeling discomfort	Re-reading specific words until gets satisfied	It varies per subject
Morning routine: when leaving to school	Fear of a fire	Checking that outlets are unplugged	2-3'
When going to school in the morning	Fear of failing academically:	Fear of knowing or remembering exactly what's going to happen on a given day	daily
When having a conversation with friend	Fear of not saying the right thing, saying something off topic	Rehearse mentally the conversation and imagine what others will said	3x a week



# Clarify what are obsessions and forms of them

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Ultra weird

weird

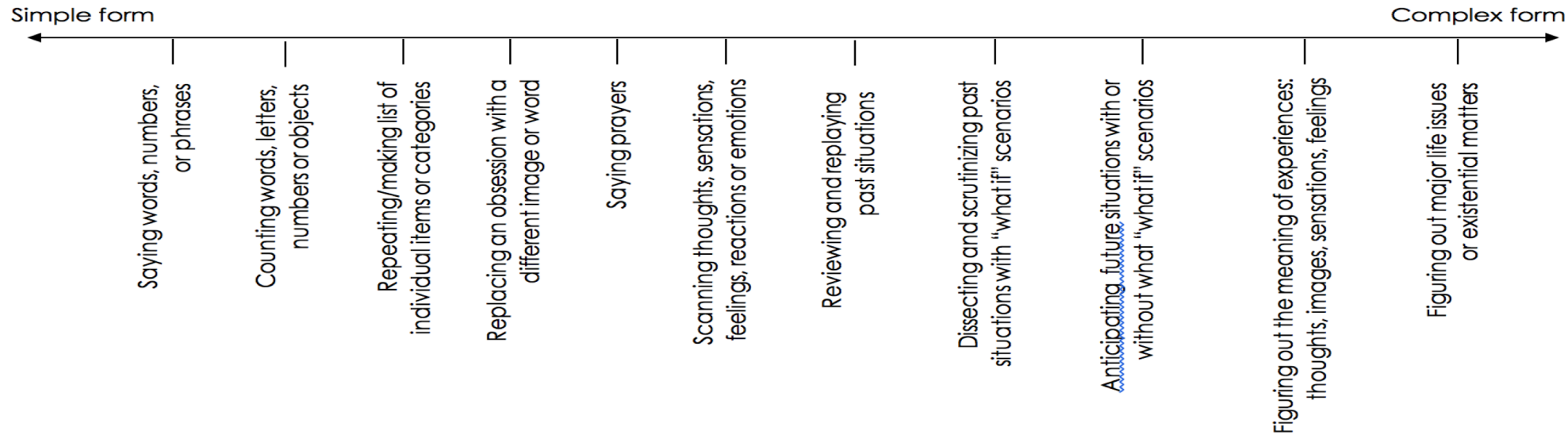
a bit weird

not weird at all

# Tricky mental compulsions \*\*\*

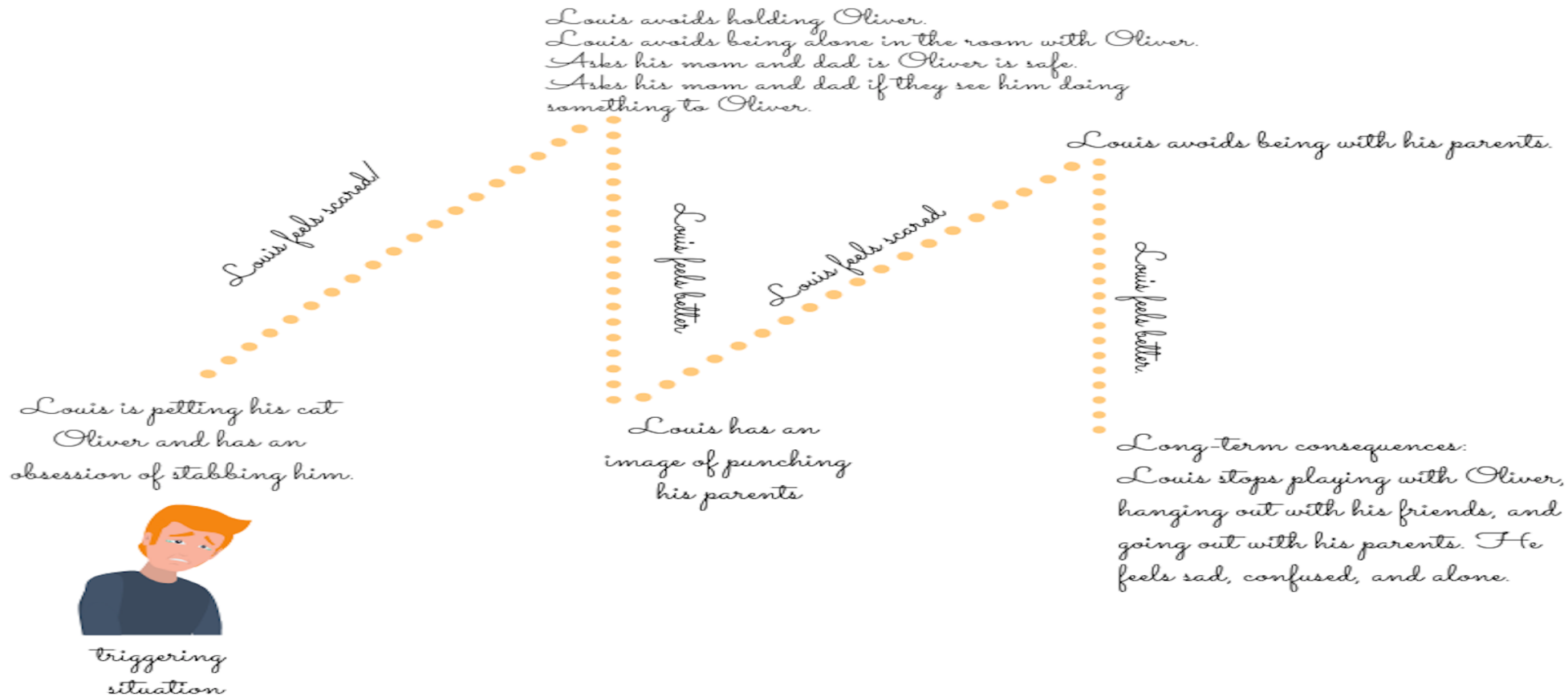
## Mental Compulsions Continuum

Extracted from upcoming book "The ACT workbook for OCD for Teens: Unhook yourself and live life to the Full"





# ACT: formulation for OCD - \*\*\*



# Creating a frame for values-guided exposures

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- \* How to relate to our mind in general
- \* How to relate to our worries, fears, obsessions, and anxieties
- \* How to relate to our harsh criticisms, judgments, and not-good-enough stories



# How to relate to our mind in general (ex)

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Key ideas

# How to relate to our mind in general

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How to practice it?



# How to relate to our worries, fears, anxieties & obsessions

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**Key ideas**

# Identifying ruling-thoughts

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- I can't handle it!
- I need to know, for real
- If my obsessions are repetitive, that means they're important
- I have to do something about this obsession, right now!
- Because I think about it, it means I want to do so!
- I need to make sure I don't have weird thoughts,
- My obsessions are so scary that I know they're dangerous
- No one has weird thoughts, so something is off with me
- I think, therefore I'm
- Because I think so, it makes me so
- Not doing anything about it, it's the same as causing it.



# Creating a context for values-based exposure work (how it's introduced to clients)

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- Watching the mind
- As a process to get better at living with ..
- Outcomes of tx

ex

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- more than
- equal to
- better than
- looks like
- feels like

- Pen
- Chair
- Thief
- Chocolate
- pillow

- Mouse
- Tv
- Apple
- Tree
- book



# ACT - OCD monitoring - Clean and dirty stuckness log



## Clean and dirty stuckness log

Up to this point you may have been doing all types of things to get rid of the obsessions that show up in your mind, over and over; for the next couple of days see if you can check what you do each time you run into a situation where you feel “stuck” because of OCD.

Situation	What obsessions showed up for you? (Clean stuckness)	Struggle Rate your distress level	What compulsions or avoidance behaviors did you do?	What are the payoffs of your compulsions and avoidance behaviors in your life? (Dirty stuckness)
What started this OCD episode? Any internal or external triggers?	What unwanted thoughts, feelings, memories, urges, or physical sensations?	1 = no suffering 100 = extreme suffering	How did you respond to those obsession? Ritualized compulsion, non-ritualized? Over? Covert?	

# ACT - OCD monitoring - OCD inventory



## Living ACT beyond OCD Self-monitoring Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This workbook is about helping you to have the life you want to have, not the life that OCD wants you to have! So, for the next days do your best to keep track of how OCD is showing up in your life. And remember, this is not about perfection!

Triggering situation	Obsessions	Compulsions	Escaping behaviors	Pay-offs
What was the triggering situation?	Where were the intrusive thoughts, images, urges, or sensations?	Any overt behaviors and/or mental rituals to get rid of the obsession?	Did you remove yourself from the situation?	What's the consequence of those compulsions/escaping behaviors in your life?



# OCD monitoring form for teens

## OCD monitoring form

Think about the different OCD episodes you experienced during the past week, choose one of them, and jot down each of the different components of the OCD episode as you see them.

+ Again, no need to worry if it's not perfect, just give it your best shot!

<p><i>Triggers</i> What are the triggers that start one of your OCD episodes? Is there anything you notice in your surroundings or internally—thoughts, images, urges—that starts the OCD episode?</p>	<p><i>Obsessions</i> What are the unwanted images, thoughts, and impulses that show up for you?</p>
<p><i>Compulsions</i> What do you do to manage those annoying obsessions and make sure they don't become real?</p>	<p><i>Avoidance/escape</i> What do you avoid to make sure those dark obsessions don't become real?</p>
<p>What are the short-term consequences of these compulsions and avoidance in your life?</p>	
<p>What happens in the long-term in your life because of these compulsions and avoidance behaviors?</p>	
<p><i>Key question:</i> What would you like to be doing more or less of if you weren't dealing with OCD episodes?</p>	

# Compulsions - looking at their workability (teens)

## Looking at the workability of compulsions

Can you answer some questions about how all these behavioral responses play out in your day-to-day life?

What happens right away with those fearful obsessions when you visit Compulsion City or its neighbor escaping city? Do they get better, worse, or do they stay the same?

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What happens when you try to prove with logic that the obsessions are wrong, inaccurate, or mistaken?

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Run through your mind an entire week when you were dealing with the annoying obsessions your mind came up with, recall the compulsions you engaged in, and then complete the following with how long you spend on each compulsion:

Compulsion: \_\_\_\_\_ Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

Compulsion: \_\_\_\_\_ Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

Compulsion: \_\_\_\_\_ Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

Compulsion: \_\_\_\_\_ Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

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Compulsion: \_\_\_\_\_ Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

Compulsion: \_\_\_\_\_ Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

If I choose the 10 most frequent compulsions I get stuck on, I spend an average of \_\_\_\_\_ (total number of hours and minutes) a day.

Think about the stuff that you actually care about but ended up avoiding because the obsessions were in full motion in your mind.

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Can you describe the ways in which OCD episodes have affected your life? In my friendships OCD episodes have affected me by:

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At school, OCD episodes have upset me by:

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At home, OCD episodes have affected me by:

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In my hobbies, OCD episodes have influenced me to:

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In regard to myself, OCD episodes have led me to:

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Any reactions when looking at the sentences you just completed? What about answering one final question?

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What's the long-term effect on your day-to-day life of doing compulsions, engaging in avoidant behaviors, and requesting accommodations from others?

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# ACT - values identification

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Twentieth birthday 20	
Thirtieth birthday 30	
Fortieth birthday 40	
Fiftieth birthday 50	20

# Values-based exposure menu

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Mixture of:

Imaginal exposure

Situational exposure

Interoceptive exposure

Values-based behaviors



## Values-based exposure menu

Name:

### Obsessions:

Fear of contracting a terminal illness related to skin

### Triggers

Noticing different spots on skin  
Seeing a commercial about medications for cancer  
Thinking about mom  
Going with mom to UCSF  
Visiting mom  
Going to the dermatologist  
Having a biopsy  
Stomachache  
Listening stories about melanoma

### Compulsions

Checking moles  
Figuring out (e.g. is this a hernia or is it my anx; would I suffer with it forever? Do I want to eat? How does it feel right now; if I accept it, I'm accepting it permanently; what if one of my moles is cancer, and they didn't figure out yet.. There are humans that could make mistakes))  
Mentally rehearsing the future of getting cancer  
Body checking (e.g did it feel better today, is it different)  
Searching in google for hours

### Avoidance:

Listening about others dealing with cancer

### Consequences in life:

OCD episodes prevent me from enjoying life to the fullest.  
I'm always living in the future that is grim  
Missing time that I'm not going to get back with my friends  
Robbing me on joy and making me a depressed, and impatient person  
In my friends, I become more critical more things, become a negative person to be around.  
OCD episodes change me as a person that I don't want to be.

### Values-based exposure practices

Exercise 4 days a week, 60-min each time, because I valued being kind with myself; of self-care: I'm doing something for myself.  
Practicing morning routine to describe stomach sensations to be a loving and patient person.  
Smelling strong scents to practice sitting with body discomfort and being able to walk in the street  
Listening about campaigns against cancer because it matters to me to support this cause.  
Writing about famous who deal with cancer because it's important to be supportive of these types of causes.



# Values-based exposure menu \*\*\*

<b>Core Fear:</b>		
Fears of getting a skin infection		
Fear of feeling contaminated, gross, and dirty.		
<b>Triggers:</b>	<b>Safety Behaviors/compulsions</b>	<b>Avoidance:</b>
Using bathrooms, anywhere	Handwashing at home: from the elbow to below and drawing circles and lines in the space	Touching all items after using the bathroom
Clothes that I wore	Handwashing at work: in the bathroom only half of the arm (and drawing circles and lines in the space), and then in the kitchen's sink, back at desk and use hand sanitizer	Touching items that I see that they have been contaminated
Towels that I used	Lying towel in sofa -contaminated area- when lying down.	Home: walking in the laundry room
Doing Laundry	Asking parents if they washed their hands	Home: sitting in a couch without taking shower
Being in laundry rooms	Showering after driving dad's car	Home: Sitting in a contaminated seat in both cars.
Touching doorknobs	Showering at night	Touching shoes
Touching shoes	Washing hands after showering close to armpits	Making sure nobody touches work bag (all bags)
Touching floor	Wiping desk at work after every time I leave the desk	Phone and laptop charger are on the floor.
Seeing red stains (chairs)		
Touching red stains		

<b>Consequences in life</b>
Having dry skin, stress of people watching, washing hair damaged hair, more tension in relationships, time lost, difficult to connect with people at work, damaging belongings, affecting how my view myself, difficulties making decisions, independence,
<b>Values</b>
Being present, approachable, independent, honest, real.
<b>Values-based exposure practice</b>
Driving the car without showering because i want to be independent
Doing my own laundry to be independent
Washing hands for 30 seconds to be approachable when hanging out with others
Not wiping my belonging to grow and being present (phone, Bart card, laptop)
Mom, dad, or sister sleep in my bed for ten minutes then I sleep to be approachable
I sleep in parents' bed or sisters bed for ten minutes so I practice being flexible
Asking mom or dad to sit next to me while I'm working on dining table so I can have the freedom to use the house
Writing something on laptop in contaminated area and not wiping it to practice flexibility
Using the same towel for one week so I can be independent and approachable
Sleep at sisters place without coming home and wiping and showering for being present, independent, real
Using sink in public restrooms after <u>using bathroom</u> at washing 30 seconds so I can be flexible

# Values-based exposure menu

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how do you know when to move onto  
a new ERP exercise?



# creating willingness

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- What is it?
- How to introduce it to clients...
- Fightonometer...
- 
- If the answer is “Yes” then ...
- If the answer is, “How do I do that?”, we teach....
- If the answer is “no”, then we check, “what’s really important to the client to do these things?” then check..
- Workability is the key...

Acceptance

Contact with the Present Moment

Values



Defusion

Committed action

Self-as-context

# Values-based exposure session



**ACT: Exposure Coaching Practice Form (for therapists) v2019**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What's your core fear/obsession?

2. What are the compulsions you usually do?

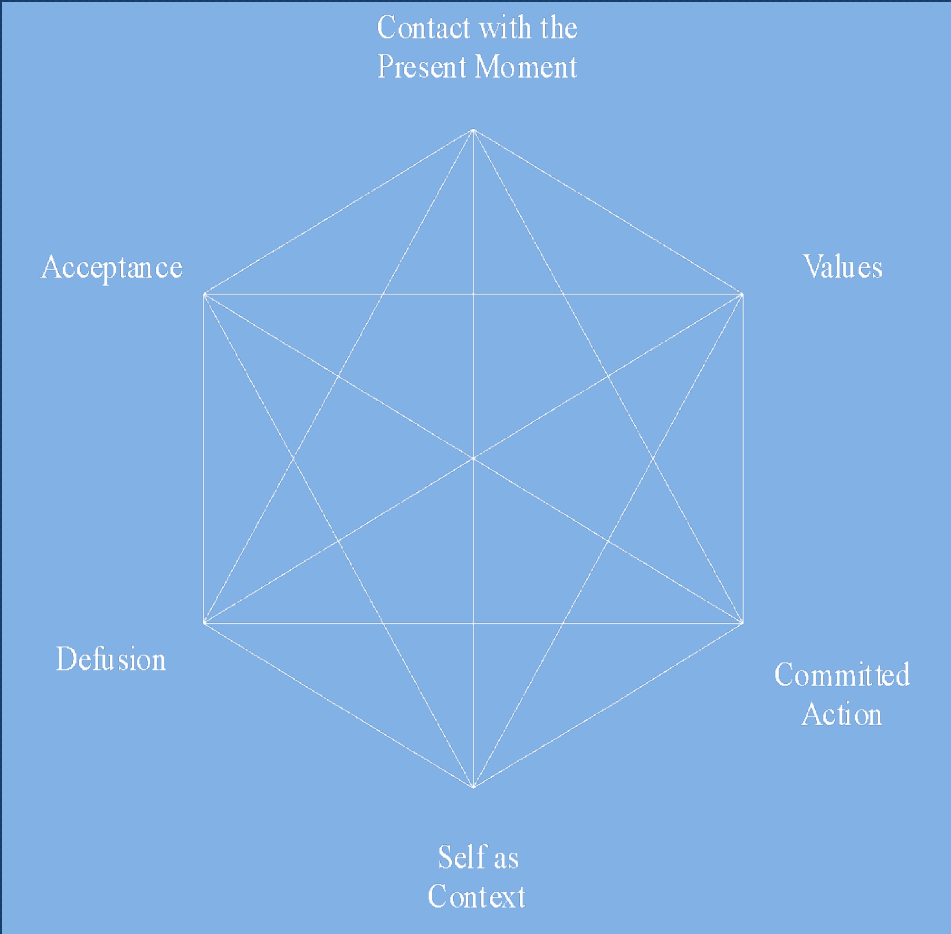
3. What do you avoid because of this obsession?

4. What are the consequences of doing compulsive or avoidant behaviors in your life when?

5. What will make it worth it for you to practice this values-based exposure activity?

What exposure exercise(s) am I willing to practice today so I can get closer to what matters to me?

Trials	Values-guide exposure Activity - Observations	Willingness





# Values-based exposure reflective form

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Values-guided exposure reflecting form

+

What was the value that drove your exposure exercise?

What values-guided exposure exercise did you do?

Check your ~~fightometer!~~ **fightometer!**

How much did you fight the obsession and the annoying feelings that came along?

\_\_\_\_\_

0 1 2 3 4 5 6 7 8 9 10

didn't fight fought a lot

Did you get closer or further away from the stuff you care about?

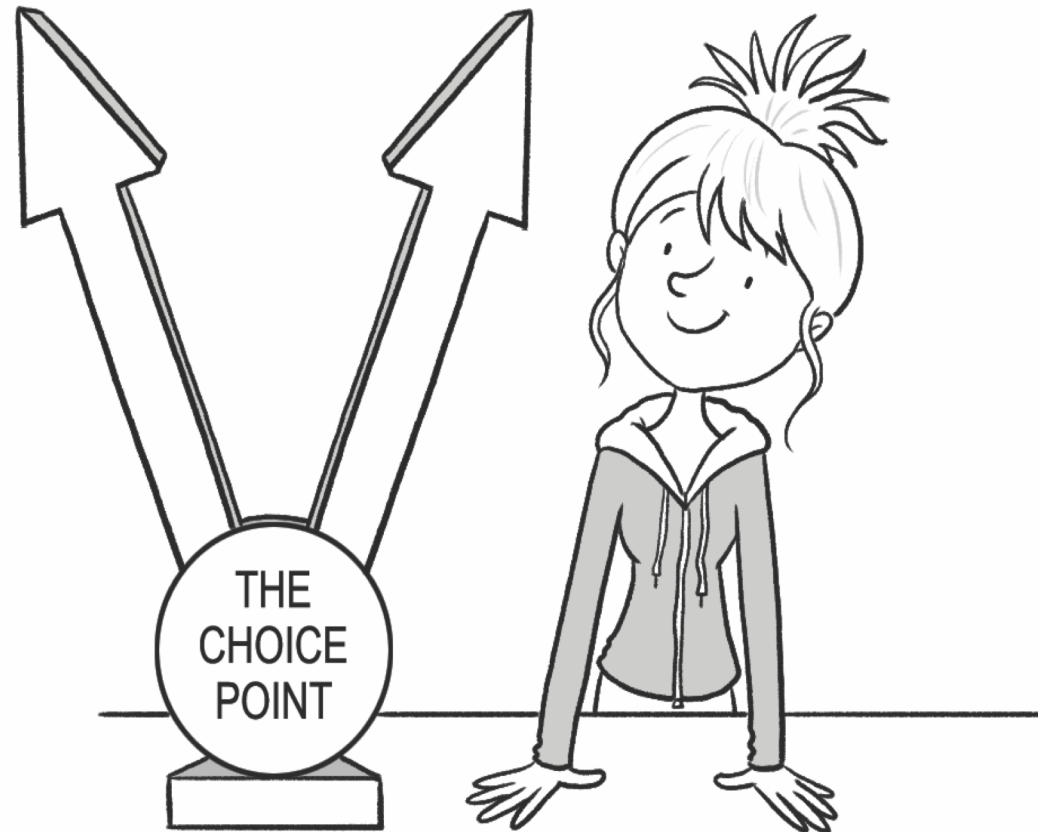
\_\_\_\_\_

Away Towards

Did you do any public or private compulsive behavior or did you ask for re-assurance? If your answer is yes of those questions, describe the behavior, and think about what unhooking skills you could have use in those moments of strong urges to do compulsions and ask for re-assurance

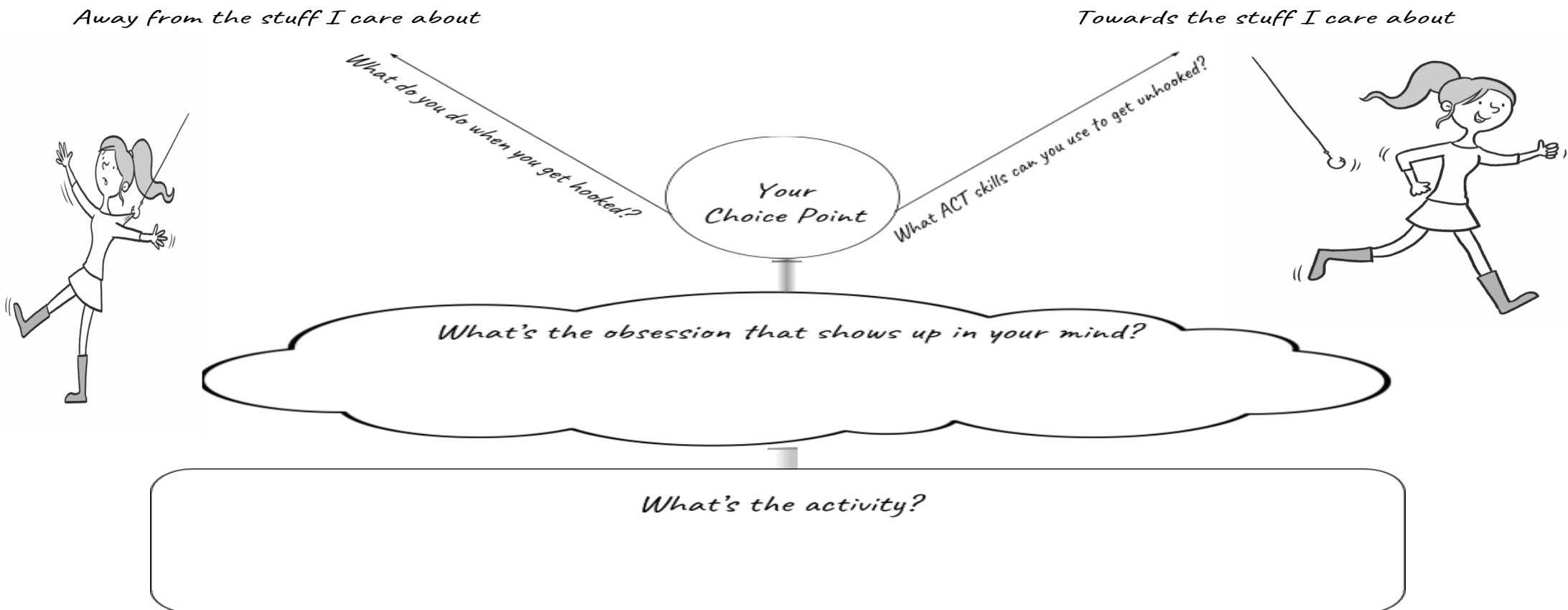
# ACT - Pediatric OCD

- Adolescents don't like to....
- Adolescents like to...





# ACT - Choice point for pediatric OCD



# ACT - Choice point for pediatric OCD

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*Away from the stuff I care about*

*Towards the stuff I care about*

*What do you do when you get hooked?*

Your  
Choice Point

*What ACT skills can you use to get unhooked?*

*What's the obsession that shows up in your mind?*

*What's the activity?*

Contact with the  
Present Moment

Acceptance

Values

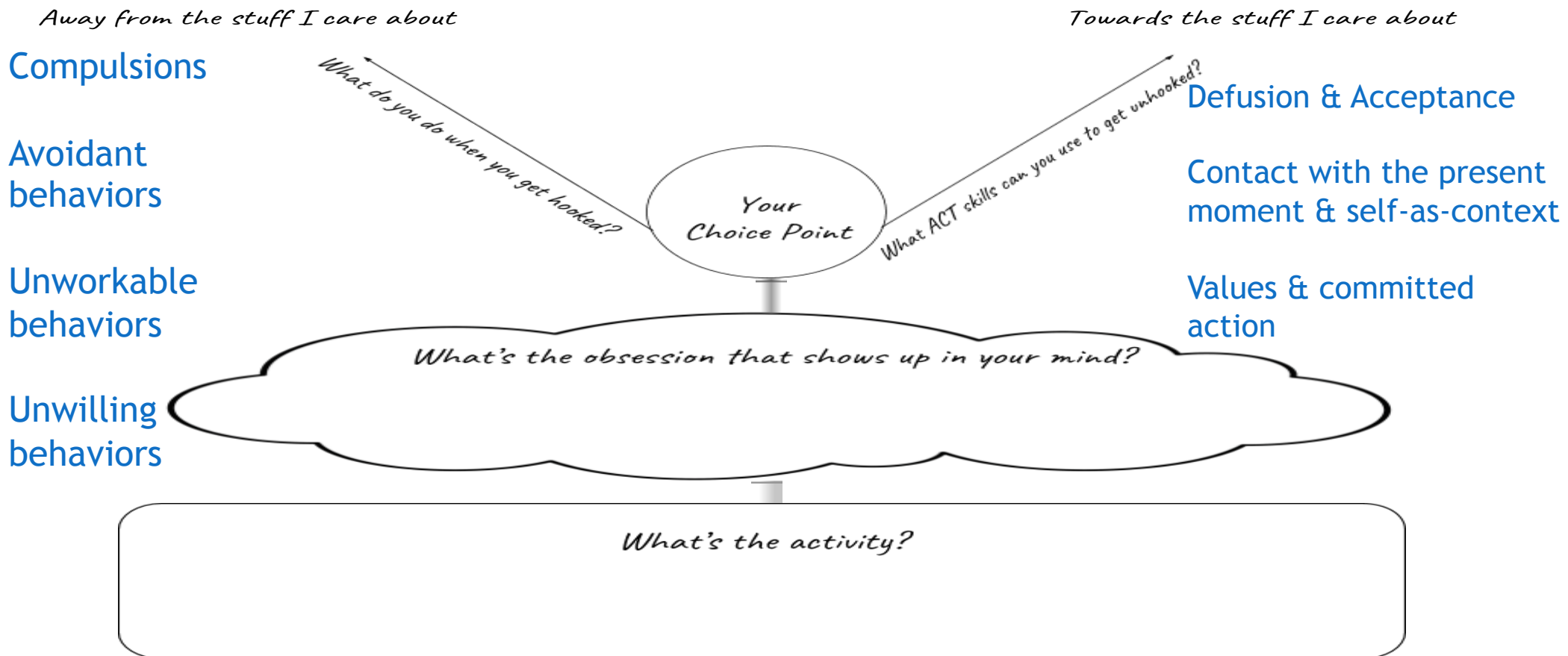
Defusion

Committed  
Action

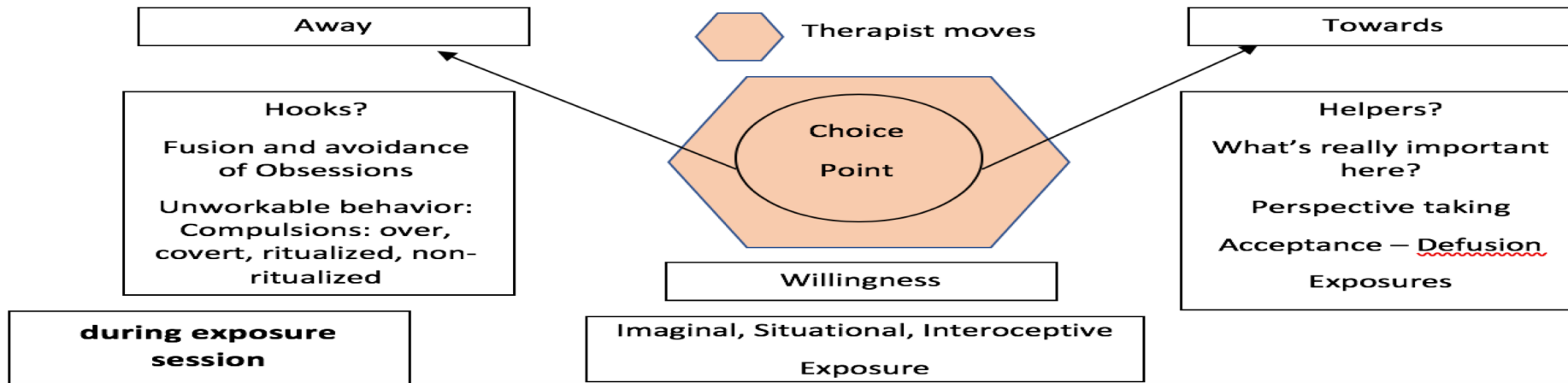
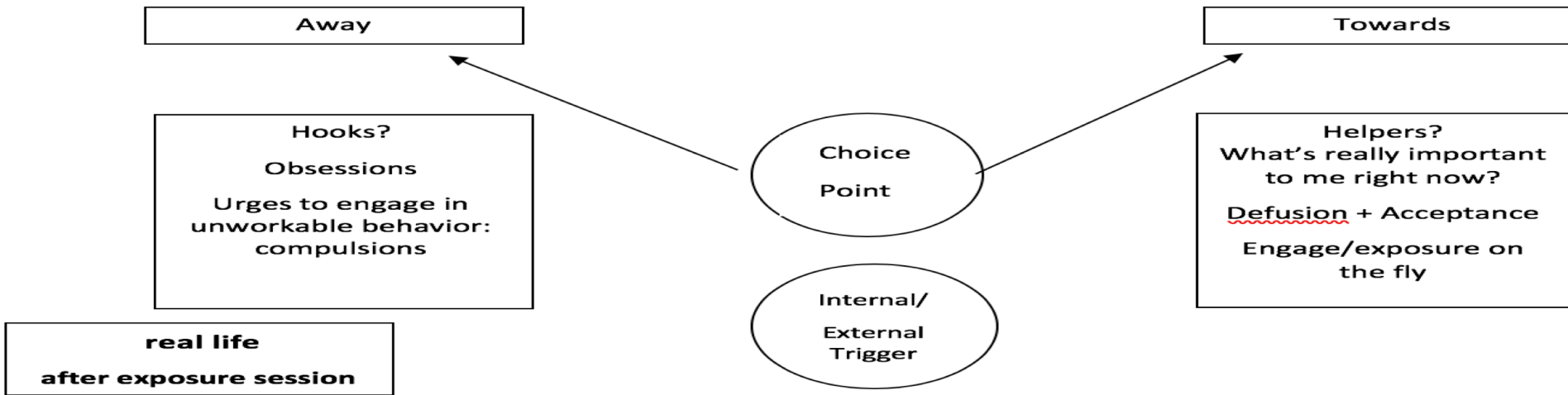
Self as  
Context



# ACT - Choice point for pediatric OCD



# ACT - Choice point for pediatric OCD





# ACT - how does the exposure session look like

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## During ACT/ERP exposure sessions:

- Train your ears to...
- Use the values-based exposure menu (variability of values-guided exposures)
- Use the choice point to identify hooks
- Teach a new unhooking skill
- Do a values-based exposure exercise (Throw safety crutches out)
- Use the choice point every single exposure session from the beginning to the end, to plan and complete a values-guided exposure practice



Away from the stuff I care about

Towards the stuff I care about

getting hooked  
 Checking bodily sensations  
 Calling doctors  
 Googling about m.s.

Your  
 Choice Point

getting unhooked  
 Jumping up and down wearing  
 a jacket  
 Picture obsessions as emails with  
 a subject but unopened  
 Naming obsession "Mr. Last Cause"

What's the obsession that shows up in your mind?

Fear of getting a neurological disorder  
 - multiple sclerosis - m.s.

What's the activity?

Taking P.E. classes on Wednesdays and Fridays



# Clinical case - 15 year old - CP

Short-term relief → guilt or disappointed  
Away from the stuff I care about

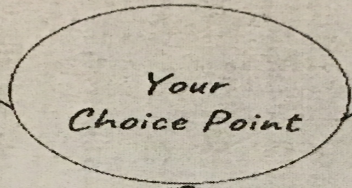
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. Towards the stuff I care about

getting hooked

getting unhooked

Avoid talking about it  
Sink into the bad feeling  
Making the feeling separate  
Changing clothes  
Calculating (time, clothes, activities, etc.)



Digesting  
Personalizing  
Identifying  
Describing off feeling  
Learn in

What's the obsession that shows up in your mind?  
Not Calculating feels wrong; something is off  
Teeth clenching  
Empty feeling in chest  
Uge  
Head  
to move

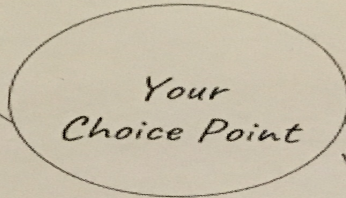
What's the activity you want to do that matters to you?  
Driving around school at 9:30



# ACT - Choice point for pediatric OCD

Away from the stuff I care about

Towards the stuff I care about



Figuring out compulsions how the  
lossing mom to ~~forget~~  
Pay attention to ~~what~~  
Compulsion. Taking shower  
Pay attention to feel overwhelmed  
Avoid wearing triggering colors  
(grey, brown, turquoise, iridescent  
color)

What ACT skills can you use to get unhooked?  
- Chanting to be present  
Do nothing  
Notice and name 'contamination story'  
Exp: wearing a turquoise dress for the day

What's the obsession that shows up in your mind?  
Fear of attacking harm to me

What's the activity?  
Looking at closet & choosing what to wear



# ACT - CP for pediatric OCD -unhooking log

Unhooking Skill	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Picturing and giving it a name							
Watching your obsessions in front of you							
Putting your obsessions in-action							
Saying your obsessions							
Singing your obsessions							
Teasing your obsessions							
Writing down your obsessions							
Scrambling up your obsessions							
Refocusing your attention							
Hanging in there with those awful feelings							
Agreeing to get out of safety country							
Messing around with compulsions							
Delaying compulsions							
Checking your <del>fightometer</del>							
Using a situation for values-guided exposure							
Using your imagination for values-guided exposure							
Using your body for values-guided exposure							
Finding an ally							
Finding your choice point							

# Example - singing obsessions

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- I'm feeling unprepared
- I think I need to study more
- I don't know the material
- And it's not good enough, not good enough
- Thinking and thinking
- It's not good enough
- It's not good enough
- not good enough





# Acceptance seeing by a teen

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## Acceptance

It's not a process, you can just decide right here, right now to accept the situation. Don't have to like it, want it, or feel comfortable.

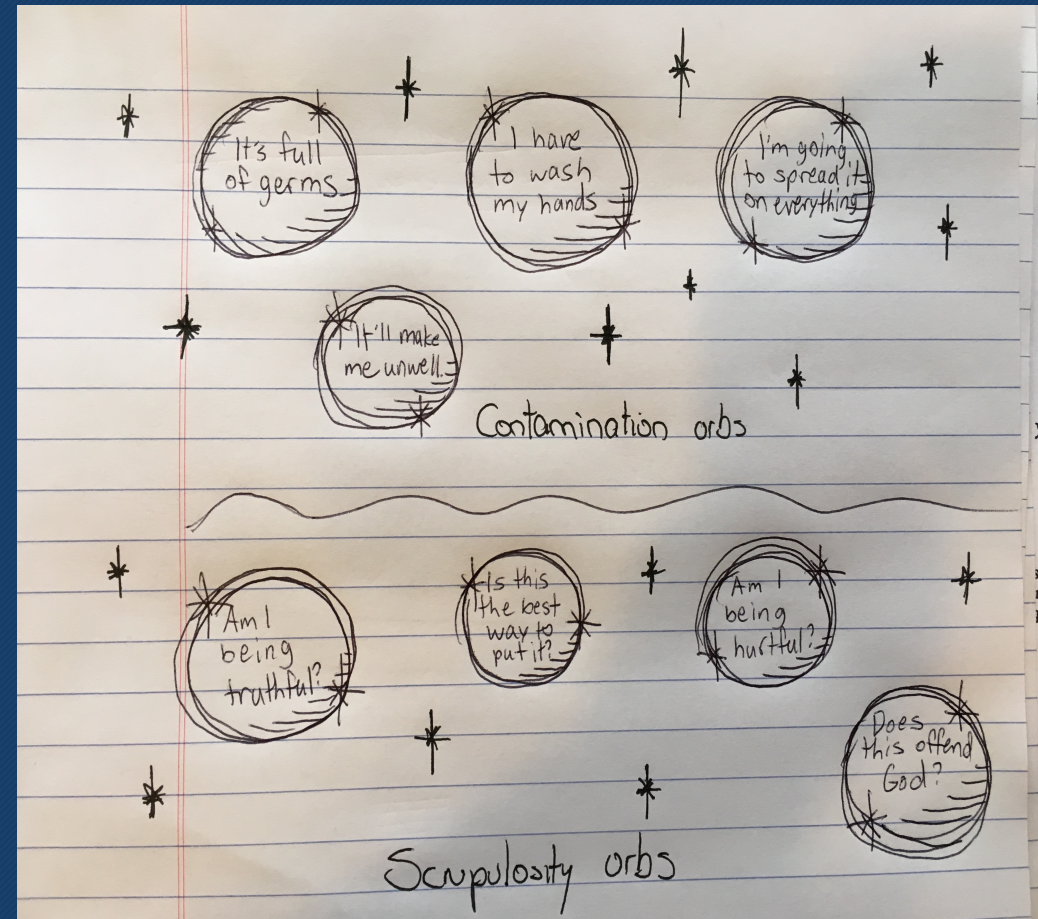
I cannot always control the terms of the situations, but I can make the choice to accept them and not let them affect my present choice points.



# Putting in action your obsessions

50

- Actors on stage that you, as a director, direct and watch from the audience
- Soccer players with t-shirts that has the obsessions printed on them and you're watching them running in the field
- Ad banners on taxi cabs passing by that you watch from the street
- Guests dancing all over the floor
- Planes flying banners with obsessions that you can see moving in the sky





# Scrambling up obsessions

51

- Y E I N T X A
- What if I really don't love my parents

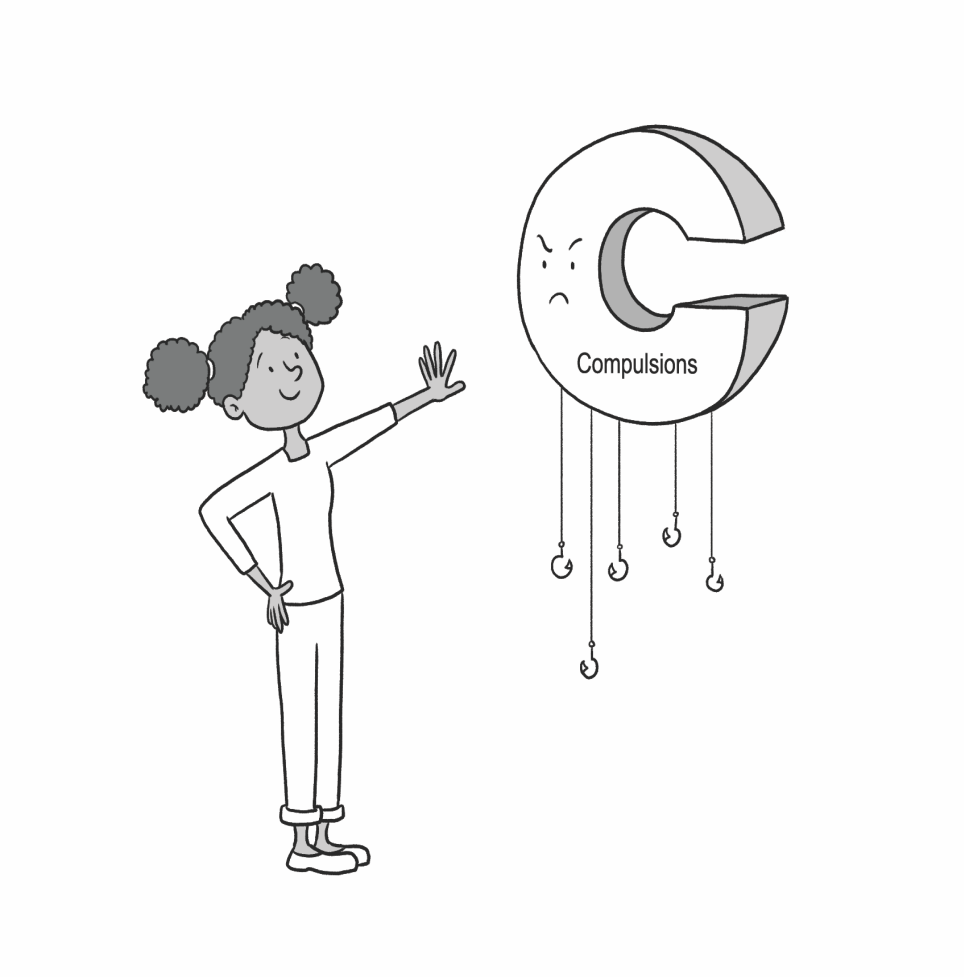
# Teasing your obsessions

52

- Given a silly scientific name and say things that rhyme with it (e.g. agres-si-phur - baccilus - obsessivilus)









# ACT - 6 c's

55

- 6 c's



# Messing around with compulsions

56

If you decide to modify the (write one word that reminds you of the compulsion)

not delaying activities/separate compulsion, what's the stuff that you care about

that you're getting closer to (write your personal value: doing what I like/enjoying it  
no matter the day/time)

Describe how the compulsion looks like now

- Not watching a movie until the weekend
- Recording a show instead of watching then.
- Mind tells thoughts so that I won't enjoy it.
- Avoiding talking about stressful topics ~~into~~ the weekend.
- Clearing things between times/days.

Describe how you want to modify it

- Mess with the counting and order
- Going with instinct
- Talk with parents or friends about school as a mixed activity.
- Work on weekends
- Still go out friends with friends if it feels like it won't relax
- Relax on the weekdays.



# ACT - CP for pediatric OCD - values-guided exposure debriefing form

<p>What was the value that drove your exposure exercise?</p>	
<p>What exposure exercise did you do?</p>	
<p>Check your <del>fightometer!</del> How much did you fight the obsession and the annoying feelings that came along?</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>didn't fight fought a lot</p>
<p>Did you get closer or further away from the stuff you care about?</p>	<p>_____</p> <p>Away Towards</p>
<p>Did you do any public or private compulsive behavior or did you ask for re-assurance? If your answer is yes of those questions, describe the behavior, and think about what unhooking skills you could have use in those moments of strong urges to do compulsions and ask for re-assurance</p>	

# ACT - CP for pediatric OCD - values-based exposure on the go



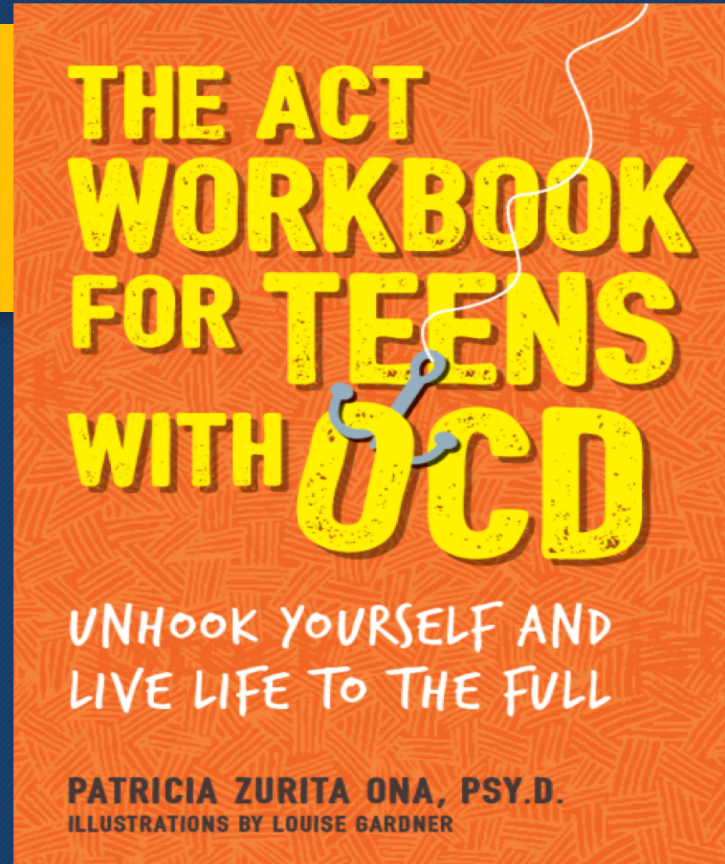
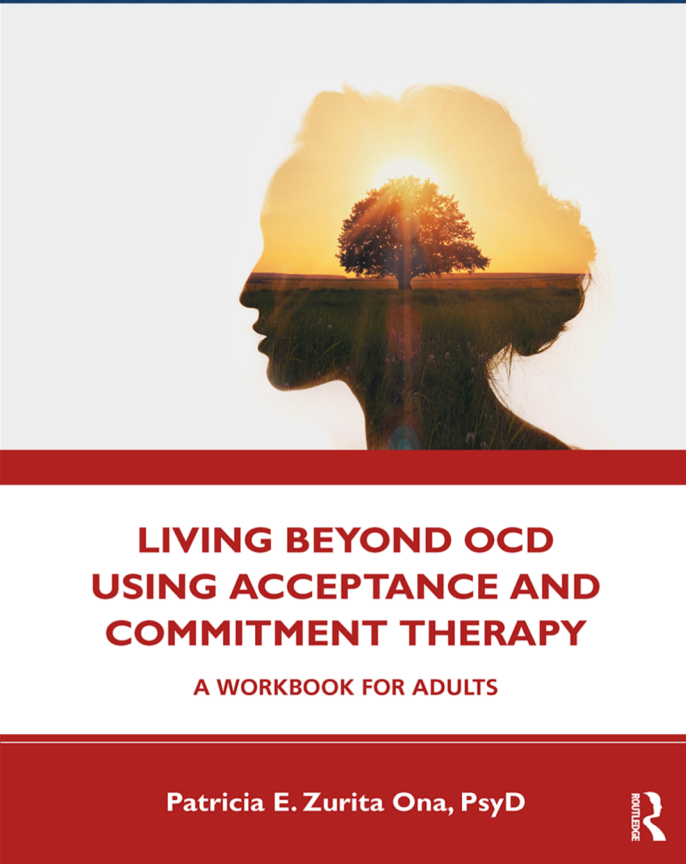
## ACT: Values-based exposure on the go (weekly practice)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sometimes you don't have time to do a formal exposure, and yet, you can still make choices to live beyond OCD by doing exposures-on-the-go.

Day 1:  What do you care enough to do this values-based exposure on the go?	Day 2:  What do you care enough to do this values-based exposure on the go?	Day 3:  What do you care enough to do this values-based exposure on the go?
Day 4:  What do you care enough to do this values-based exposure on the go?	<input type="checkbox"/>  <b>Do What matters!</b>	Day 5:  What do you care enough to do this values-based exposure on the go?
Day 6:  What do you care enough to do this values-based exposure on the go?	Observations?	Day 7:  What do you care enough to do this values-based exposure on the go?





Patricia E. Zurita Ona,  
Psy.D  
[www.playingitsafe.zone](http://www.playingitsafe.zone)  
[www.thisdoctorz.com](http://www.thisdoctorz.com)

Playing - it - safe?!