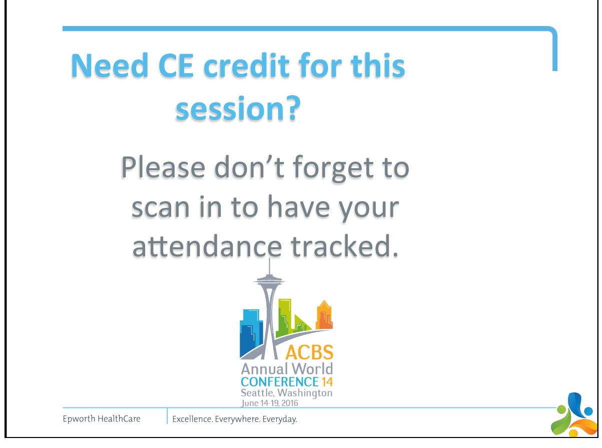

Disclosures (support):

Candice Fieg

Relevant Financial Relationships:

- •Employed by Epworth Healthcare
- •Recipient of the "Tony and Virginia Browne" Scholarship for Innovation 2016, Epworth
  - Funded USA Study Tour of "ACT for OCD" Project

Nil Relevant Nonfinancial Relationships

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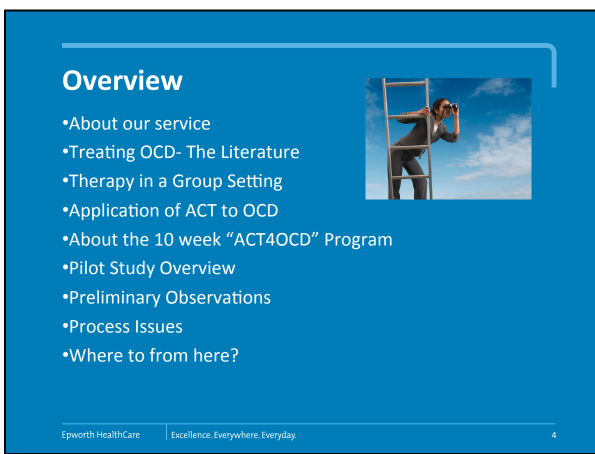

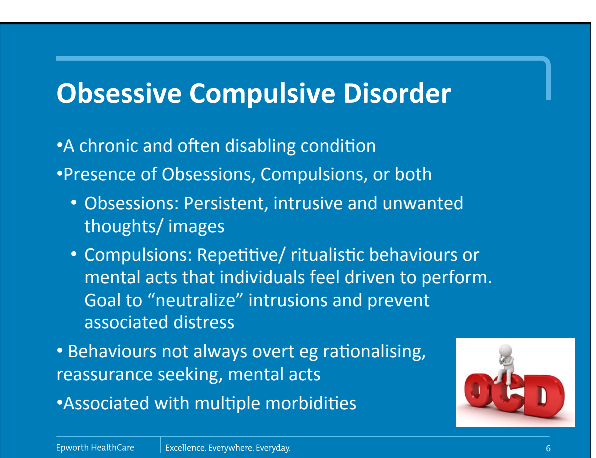

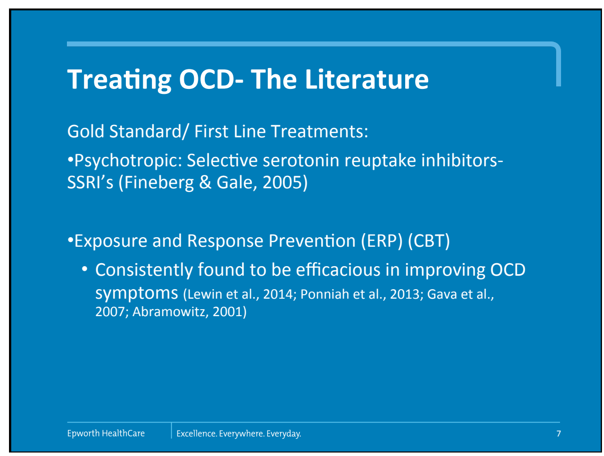

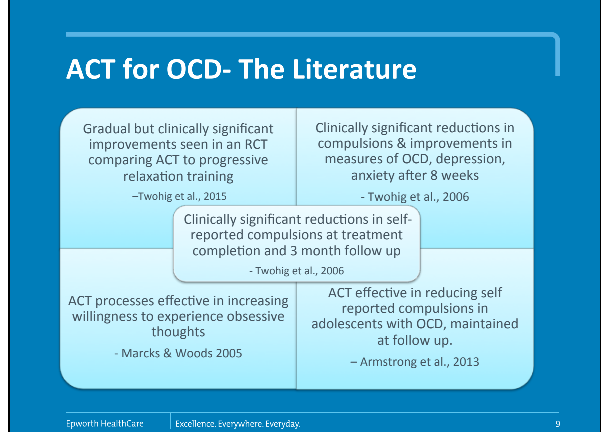

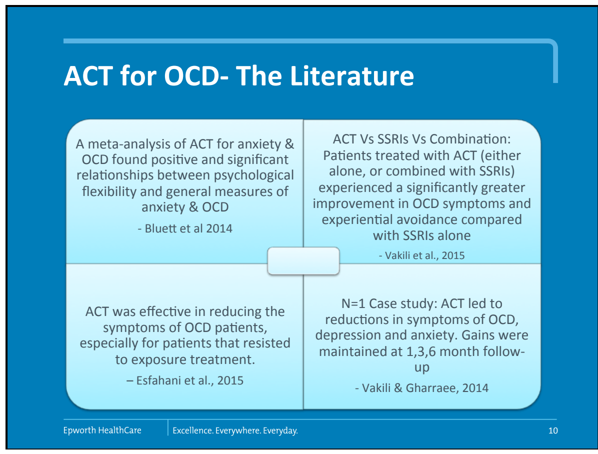

ACT for OCD- The Literature

What about ACT for OCD in a Group setting?

Only 1 known study with 11 participants

-Foret, 2012. Dissertation

- Improvements were seen compulsion frequencies, psychological flexibility, & thought suppression.
- Individual improvements in OCD symptoms (36%), though, group statistics not significant.

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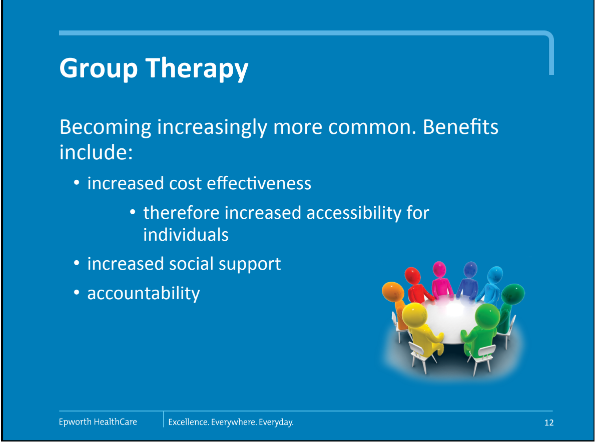

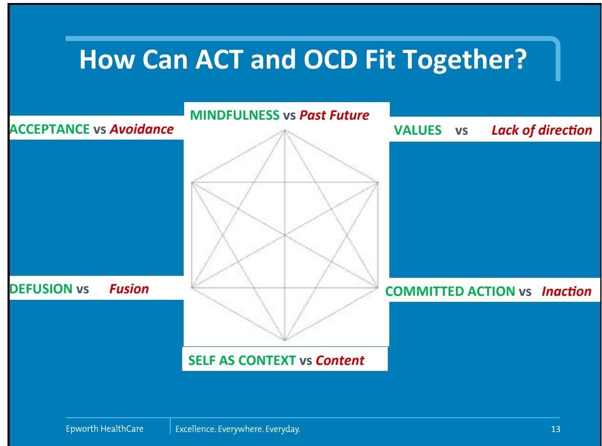
How Can ACT and OCD Fit Together?
ACCEPTANCE vs Avoidance
MINDFULNESS vs Past Future
VALUES vs Lack of direction
DEFUSION vs Fusion
COMMITTED ACTION vs Inaction
SELF AS CONTEXT vs Content
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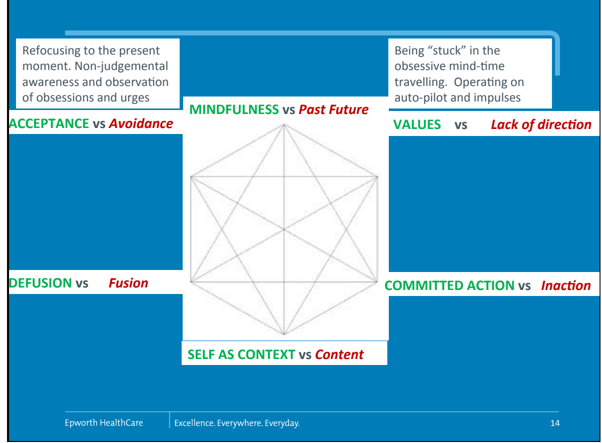
Refocusing to the present moment. Non-judgemental awareness and observation of obsessions and urges
Being "stuck" in the obsessive mind-time travelling. Operating on auto-pilot and impulses
ACCEPTANCE vs Avoidance
MINDFULNESS vs Past Future
VALUES vs Lack of direction
DEFUSION vs Fusion
COMMITTED ACTION vs Inaction
SELF AS CONTEXT vs Content
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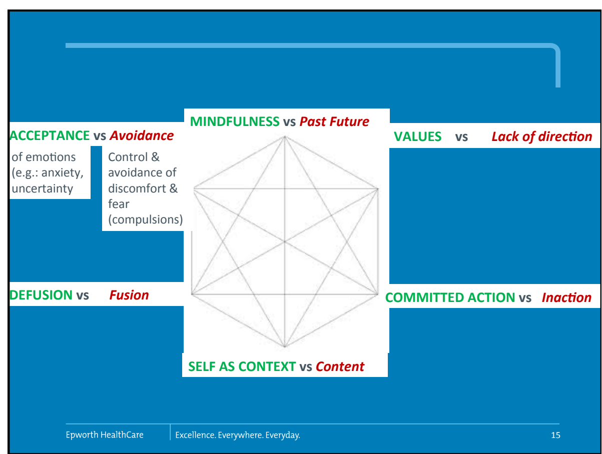
ACCEPTANCE vs Avoidance
of emotions (e.g.: anxiety, uncertainty
Control & avoidance of discomfort & fear (compulsions)
MINDFULNESS vs Past Future
VALUES vs Lack of direction
DEFUSION vs Fusion
COMMITTED ACTION vs Inaction
SELF AS CONTEXT vs Content
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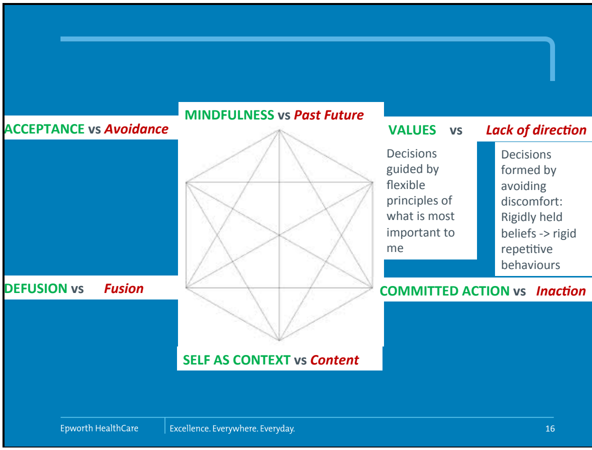
ACCEPTANCE vs Avoidance
MINDFULNESS vs Past Future
VALUES vs Lack of direction
Decisions guided by flexible principles of what is most important to me
Decisions formed by avoiding discomfort: Rigidly held beliefs -> rigid repetitive behaviours
DEFUSION vs Fusion
COMMITTED ACTION vs Inaction
SELF AS CONTEXT vs Content
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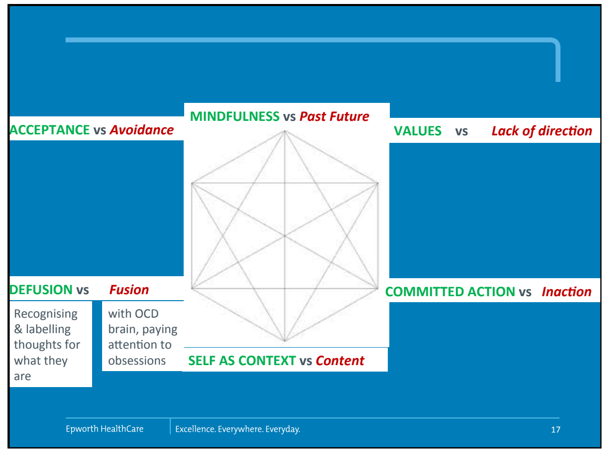
ACCEPTANCE vs Avoidance
MINDFULNESS vs Past Future
VALUES vs Lack of direction
DEFUSION vs Fusion
Recognising & labelling thoughts for what they are
with OCD brain, paying attention to obsessions
COMMITTED ACTION vs Inaction
SELF AS CONTEXT vs Content
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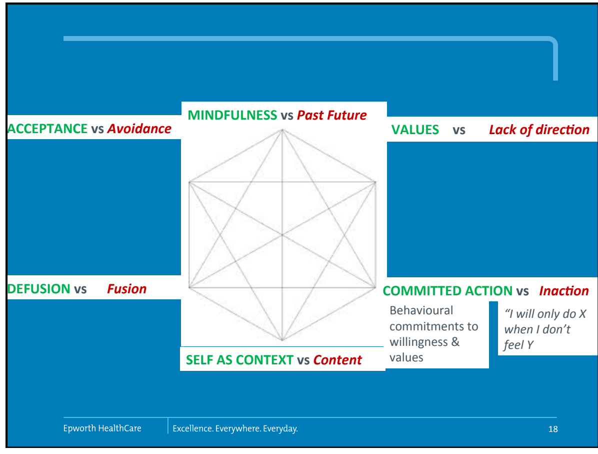
ACCEPTANCE vs Avoidance
MINDFULNESS vs Past Future
VALUES vs Lack of direction
DEFUSION vs Fusion
COMMITTED ACTION vs Inaction
Behavioural commitments to willingness & values
"I will only do X when I don't feel Y
SELF AS CONTEXT vs Content
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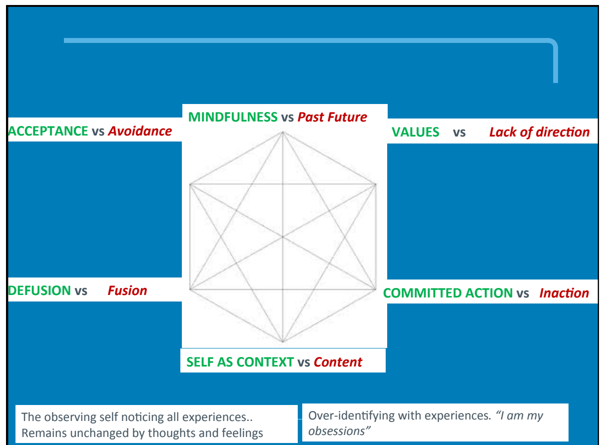
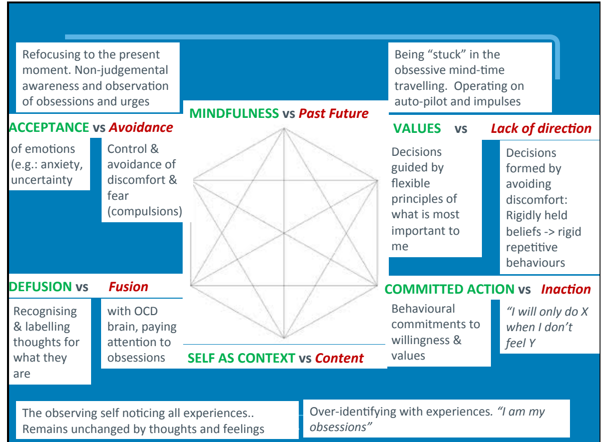

MINDFULNESS vs Past Future
ACCEPTANCE vs Avoidance
VALUES vs Lack of direction
DEFUSION vs Fusion
COMMITTED ACTION vs Inaction
SELF AS CONTEXT vs Content
The observing self noticing all experiences.. Remains unchanged by thoughts and feelings
Over-identifying with experiences. "I am my obsessions"


Refocusing to the present moment. Non-judgemental awareness and observation of obsessions and urges
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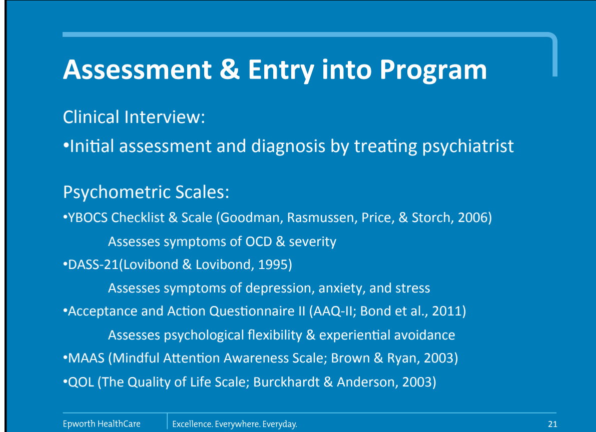
Assessment & Entry into Program
Clinical Interview:
•Initial assessment and diagnosis by treating psychiatrist
Psychometric Scales:
•YBOCS Checklist & Scale (Goodman, Rasmussen, Price, & Storch, 2006)
Assesses symptoms of OCD & severity
•DASS-21(Lovibond & Lovibond, 1995)
Assesses symptoms of depression, anxiety, and stress
•Acceptance and Action Questionnaire II (AAQ-II; Bond et al., 2011)
Assesses psychological flexibility & experiential avoidance
•MAAS (Mindful Attention Awareness Scale; Brown & Ryan, 2003)
•QOL (The Quality of Life Scale; Burckhardt & Anderson, 2003)
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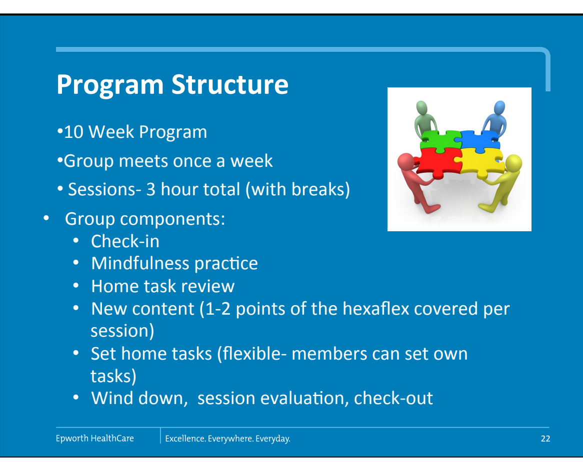
Program Structure
•10 Week Program
•Group meets once a week
• Sessions- 3 hour total (with breaks)
• Group components:
• Check-in
• Mindfulness practice
• Home task review
• New content (1-2 points of the hexaflex covered per session)
• Set home tasks (flexible- members can set own tasks)
• Wind down, session evaluation, check-out
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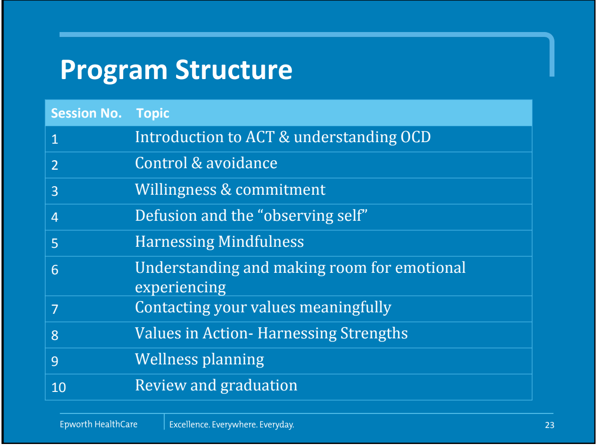
Program Structure
Session No. Topic
1 Introduction to ACT & understanding OCD
2 Control & avoidance
3 Willingness & commitment
4 Defusion and the "observing self"
5 Harnessing Mindfulness
6 Understanding and making room for emotional experiencing
7 Contacting your values meaningfully
8 Values in Action- Harnessing Strengths
9 Wellness planning
10 Review and graduation
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Experiential Exercises in the Group Space
"Handy Hints" for facilitation
• "Get experiential" in every group session & be creative! Be willing to let go of the session plan (aka our own control agenda's!)
• Maintain beginners mind, and the curious observer stance
• Access your "inner silly". Be the first to model, be willing to "make a fool of yourself". Harness humour- it's very hard for shame to co-exist with laughter.
"Laughter especially laughter around one's transgression as it occurs in a social context, provides the opportunity for the transgressing person to join others in viewing the self. In this way, the self metaphorically moves from the site of the shame to the site of observing the shame with the other"
- Lewis, 1995
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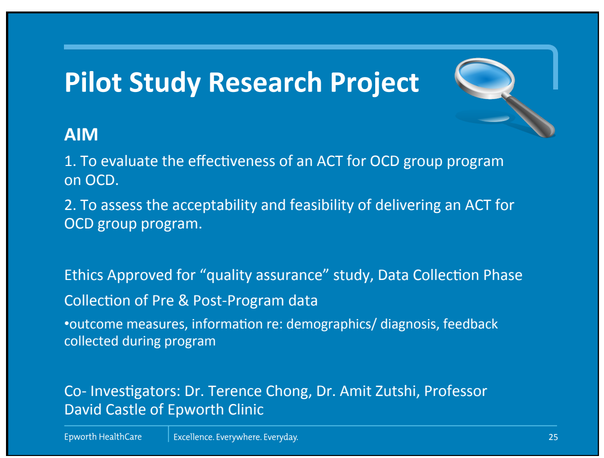
Pilot Study Research Project
AIM
1. To evaluate the effectiveness of an ACT for OCD group program on OCD.
2. To assess the acceptability and feasibility of delivering an ACT for OCD group program.
Ethics Approved for "quality assurance" study, Data Collection Phase
Collection of Pre & Post-Program data
•outcome measures, information re: demographics/ diagnosis, feedback collected during program
Co- Investigators: Dr. Terence Chong, Dr. Amit Zutshi, Professor David Castle of Epworth Clinic
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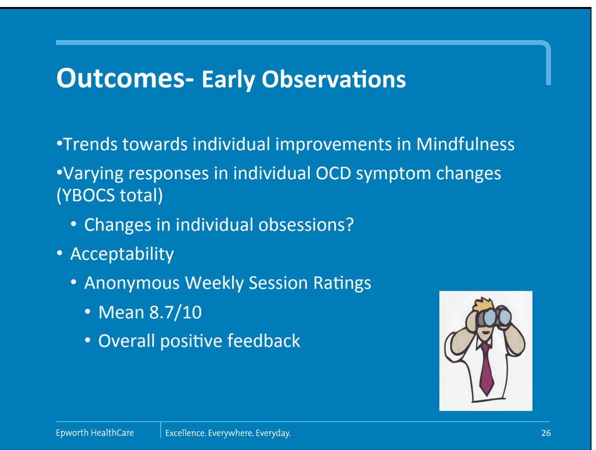
Outcomes- Early Observations
•Trends towards individual improvements in Mindfulness
•Varying responses in individual OCD symptom changes (YBOCS total)
• Changes in individual obsessions?
• Acceptability
• Anonymous Weekly Session Ratings
• Mean 8.7/10
• Overall positive feedback
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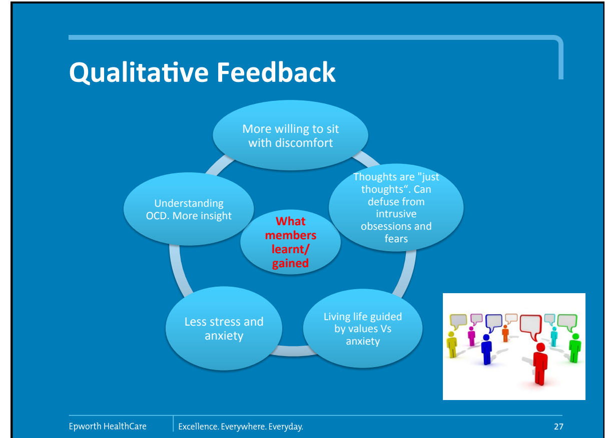
Qualitative Feedback
More willing to sit with discomfort
Thoughts are "just thoughts". Can defuse from intrusive obsessions and fears
Understanding OCD. More insight
What members learnt/ gained
Less stress and anxiety
Living life guided by values Vs anxiety
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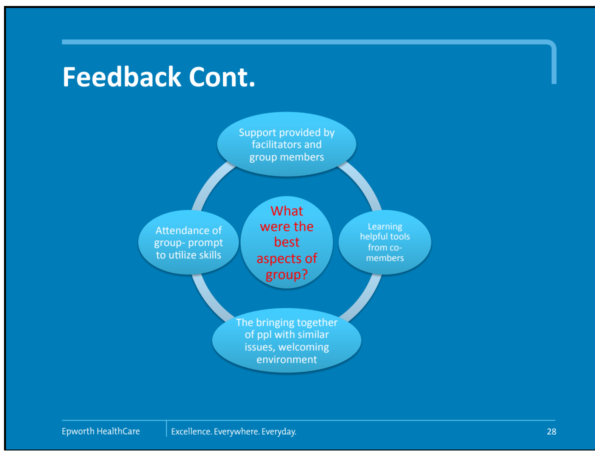
Feedback Cont.
Support provided by facilitators and group members
Attendance of group- prompt to utilize skills
What were the best aspects of group?
Learning helpful tools from co-members
The bringing together of ppl with similar issues, welcoming environment
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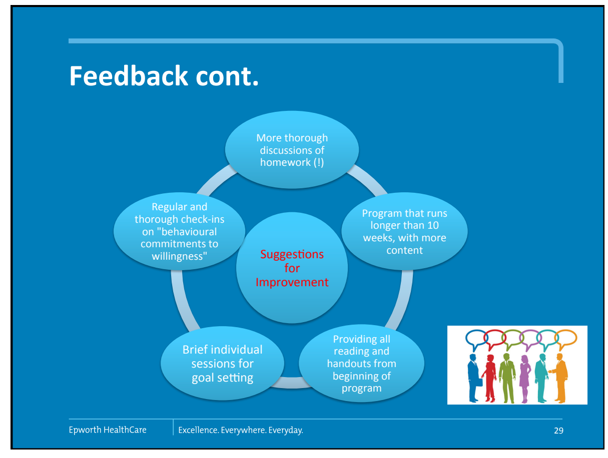
Feedback cont.
More thorough discussions of homework (I)
Regular and thorough check-ins on "behavioural commitments to willingness"
Suggestions for improvement
Program that runs longer than 10 weeks, with more content
Brief individual sessions for goal setting
Providing all reading and handouts from beginning of program
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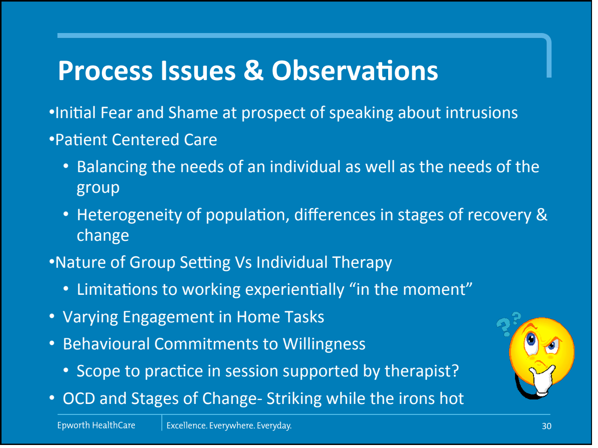
Process Issues & Observations
•Initial Fear and Shame at prospect of speaking about intrusions
•Patient Centered Care
• Balancing the needs of an individual as well as the needs of the group
• Heterogeneity of population, differences in stages of recovery & change
•Nature of Group Setting Vs Individual Therapy
• Limitations to working experientially "in the moment"
• Varying Engagement in Home Tasks
• Behavioural Commitments to Willingness
• Scope to practice in session supported by therapist?
• OCD and Stages of Change- Striking while the irons hot
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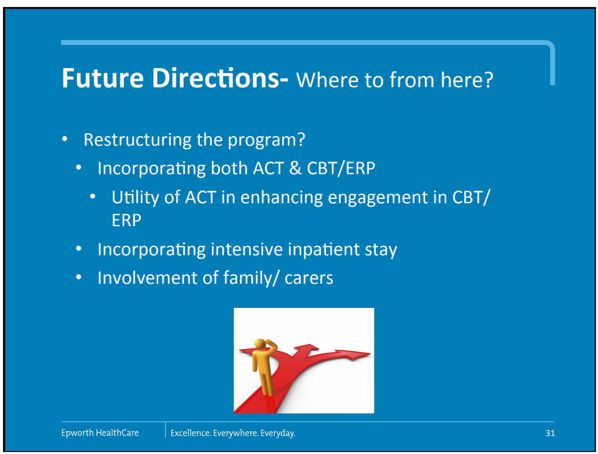

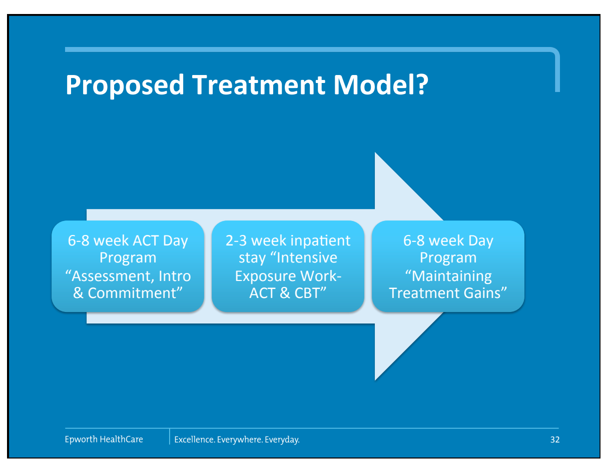

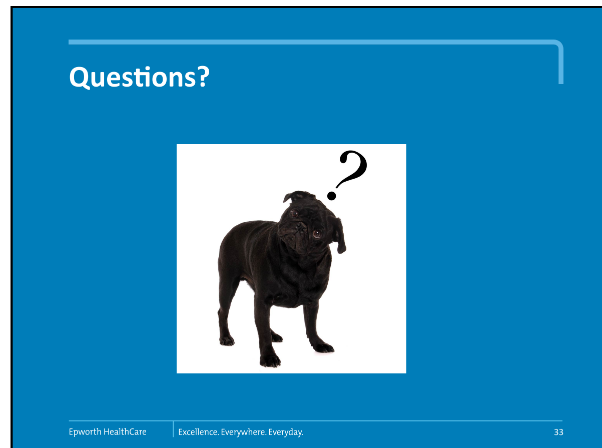

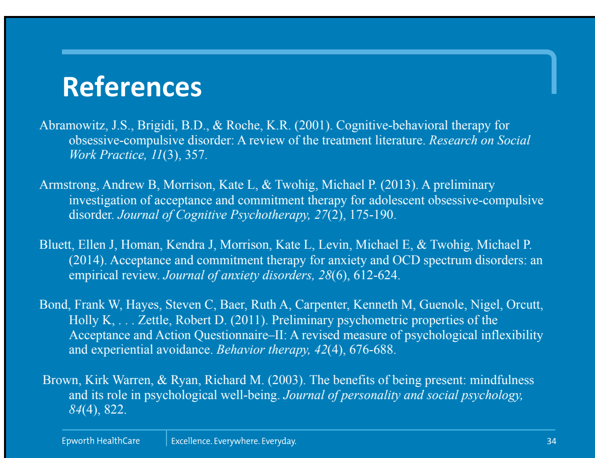

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