

ACCEPTANCE & COMMITMENT THERAPY FOR ANOREXIA NERVOSA: RATIONALE, TREATMENT DESCRIPTION, AND A CASE REPORT

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Presentation Outline

- Anorexia Nervosa (AN)
- Acceptance and Commitment Therapy (ACT)
 - Overview
 - ACT applied to AN
- Treatment description
- Case example

Anorexia Nervosa

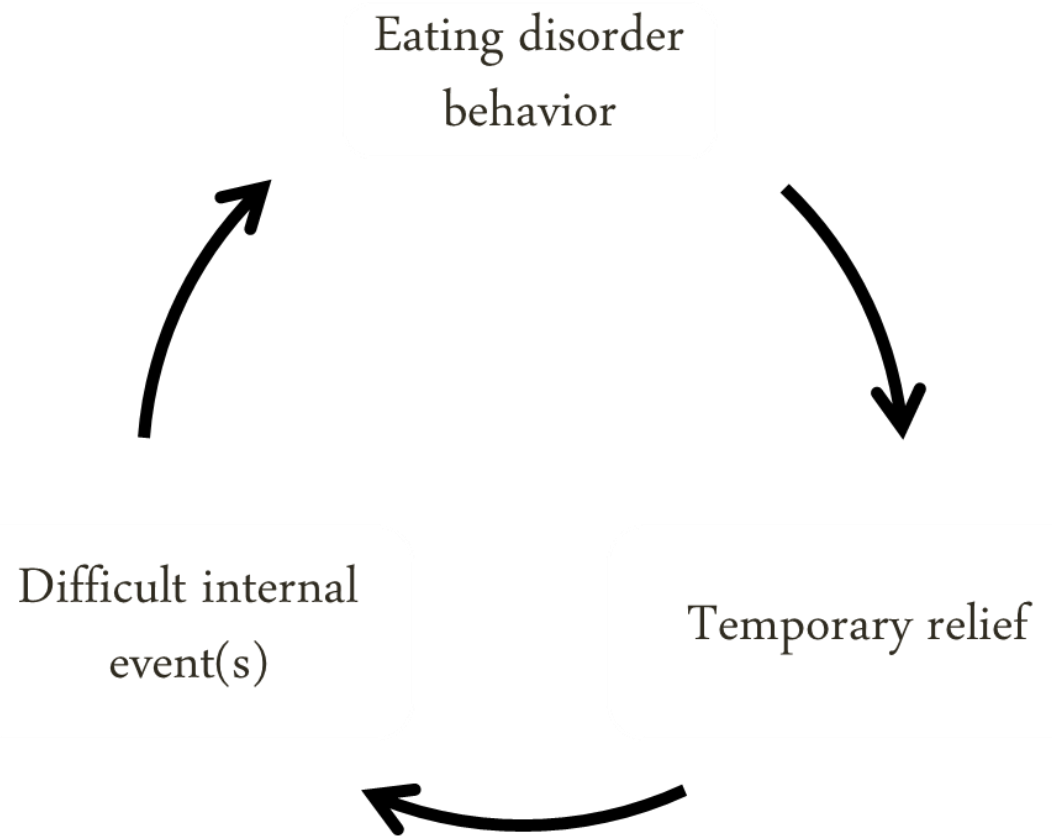
- Perfectionism
- “Rule followers”
- Ego-syntonic
- Emotionally avoidant
- Dieting “works”
- Difficult to give up
- Lives often become narrowed
- Severe negative consequences
- Effective treatment severely lacking

ACT Overview

- Psychological problems result from ineffective avoidance/control of unpleasant internal events
 - ▣ Avoidance often creates suffering out of normal human pain
- ACT approach
 - ▣ No attempt to alter/eliminate difficult internal events
 - ▣ Promotes acceptance of difficult thoughts & emotions
 - ▣ Replace ineffective avoidance/control strategies with more constructive, values-consistent behaviors

ACT Applied to AN

- Those with AN use eating disorder behaviors to avoid/escape/distract from distressing thoughts & feelings
- ACT breaks the cycle



ACT Applied to AN

- Some preliminary evidence that ACT is beneficial for treating AN as well as general body image & eating concerns
 - ▣ Body image dissatisfaction (Pearson et al., 2011)
 - ▣ Subclinical eating pathology (Juarascio et al., 2010)
 - ▣ AN (Berman et al., 2009; Heffner et al., 2002)

ACT Applied to AN

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). 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.

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!

Treatment Description

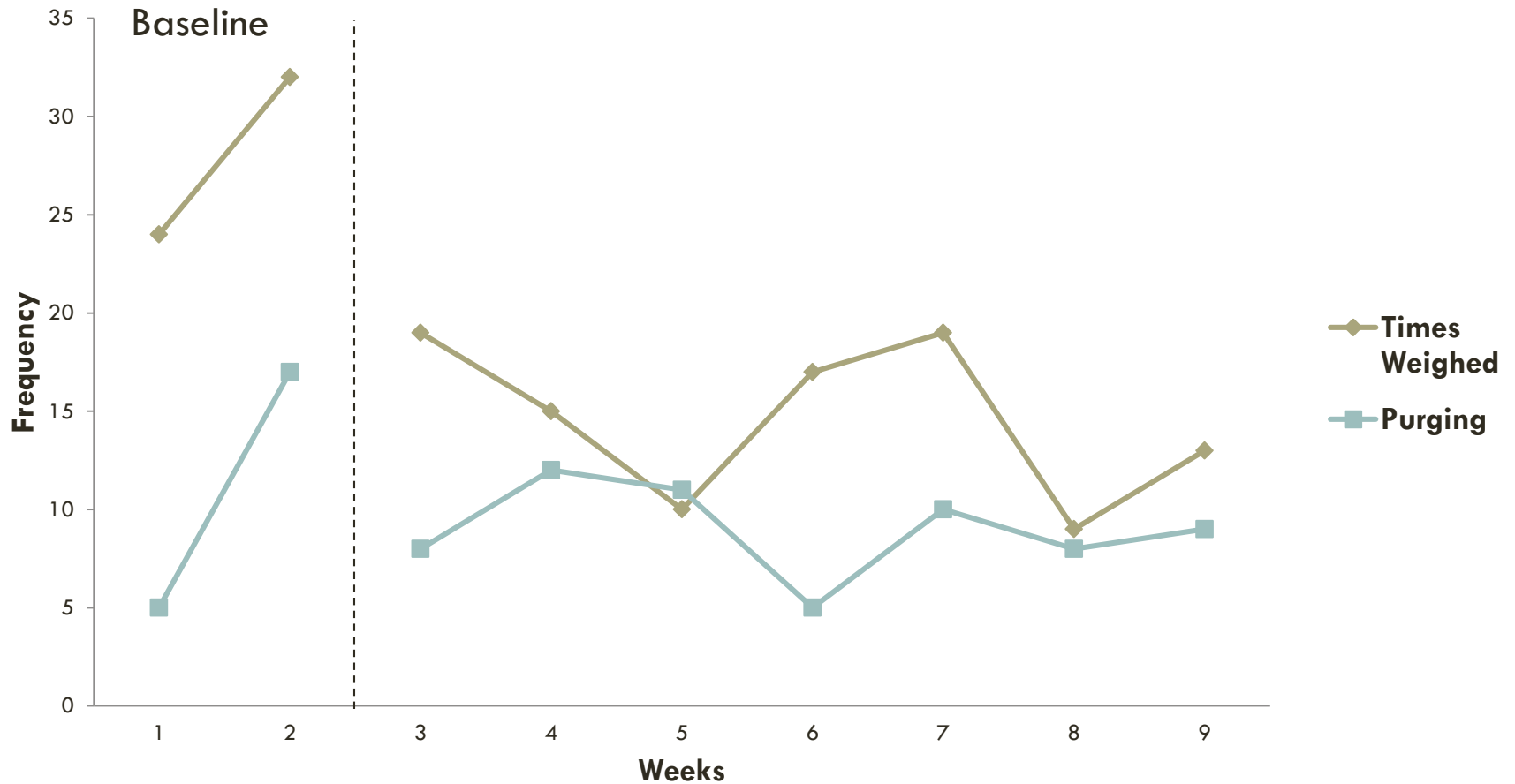
Sessions	Treatment Components & Strategies	Goals/Purposes
1	Orientation to ACT therapy	<ul style="list-style-type: none">• Develop rapport and identify treatment goals
2 - 4	Shift in perspective: Control is the problem, not the solution	<ul style="list-style-type: none">• Identify problematic coping strategies for difficult internal events & their costs• Evaluate short- and long-term effectiveness of these strategies• Consider an alternative to control-focused strategies
5 - 7	Mindfulness and acceptance	<ul style="list-style-type: none">• Learn to observe/notice private events• Choose to be open to those experiences without changing, escaping, or avoiding them
8 - 10	Values clarification and committed action	<ul style="list-style-type: none">• Identify important life areas and develop plans for progressing toward them

Case Example

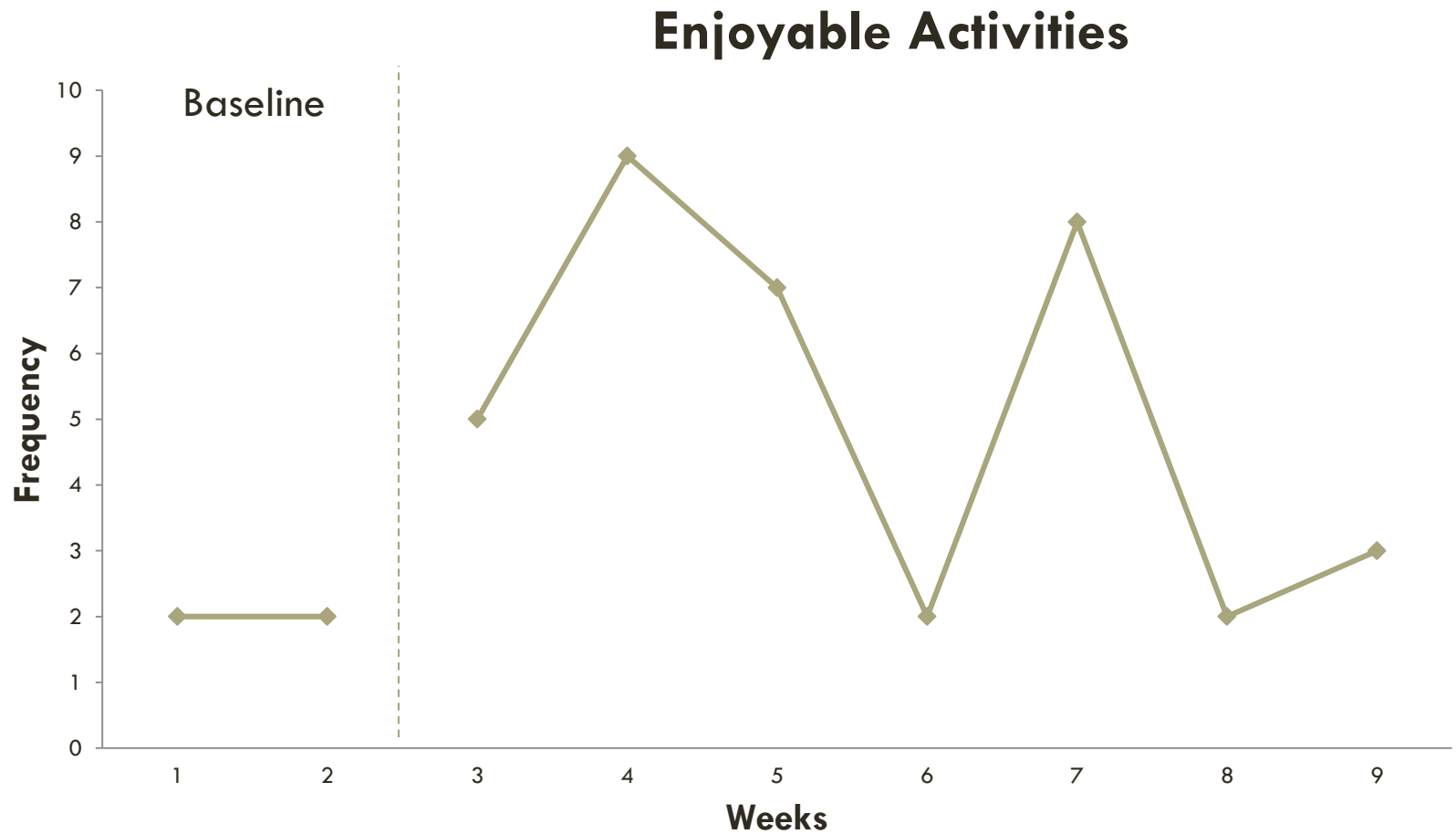
- Participant information:
 - ▣ 26 yr. old female
 - ▣ Full time graduate student & weekend nanny to 4 children
 - ▣ Struggled with AN for 13 yrs.
 - ▣ BMI = 17
 - ▣ No previous therapy experience
 - ▣ Volunteered to participate after seeing study advertisement in university's counseling center

Case Example

Problematic Behaviors

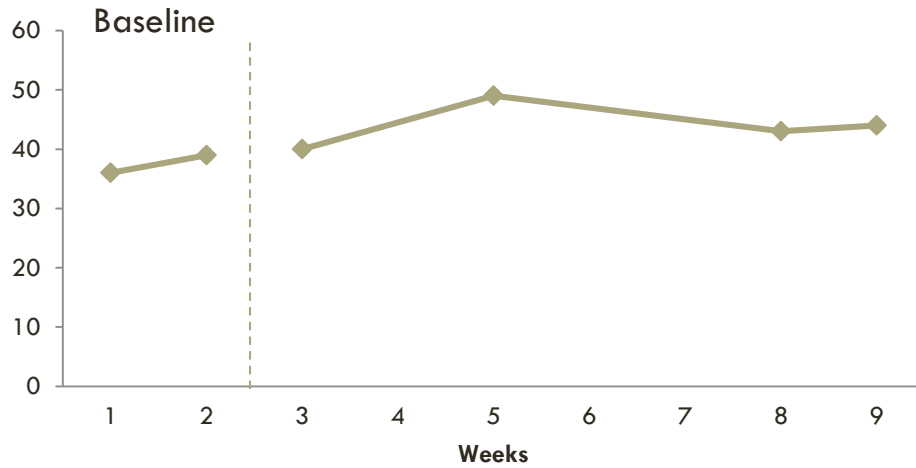


Case Example

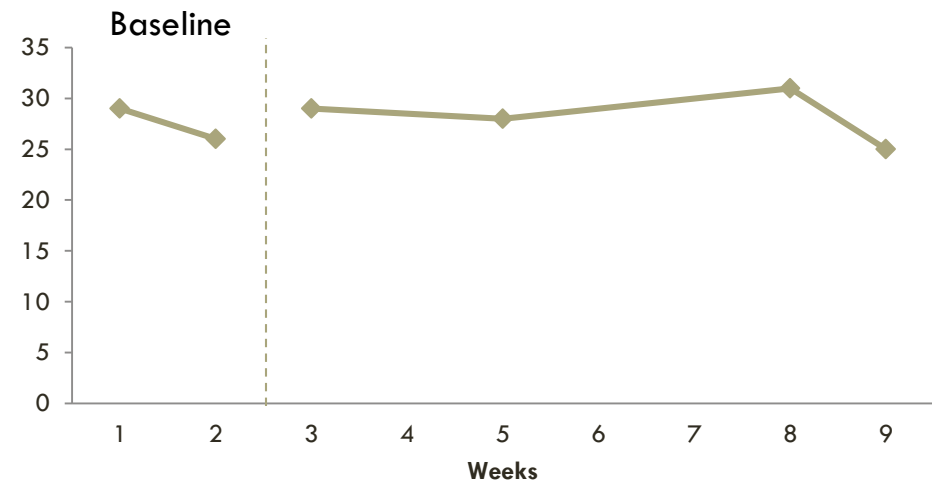


Case Example

Psychological Flexibility



Body Image Flexibility



Case Example

Eating Disorder Examination Questionnaire

	Dietary Restraint	Eating Concern	Shape Concern	Weight Concern	Overall/ "global" score
Pre-	23	19	42	27	27.75
Mid (After 5 sessions)	20	20	34	25	24.75
Post-	-	-	-	-	-

Case Example

Specific Challenges

- Developing new ways of relating to internal discomfort
 - ▣ AN has worked for 13 yrs
- Believe have to think/feel certain way before can behave differently
 - ▣ “I wish I didn’t care about my weight”
- Wanting mindfulness/acceptance to be “golden shovel” for digging out of the hole
 - ▣ “If I can be aware of & accept difficult thoughts/feelings, they won’t bother me any more”

Beneficial Exercises/Strategies

- AN is your friend but you don’t have to rely on it or do what it says
- Control is the problem
 - ▣ Using AN cycle as an illustration
 - ▣ Chinese Finger Trap exercise
- Mindfulness
 - ▣ Recognized hunger cues
 - ▣ Feeling full & sitting with it
 - ▣ Less “checking out of reality”
- Self-Compassion
- Values
 - ▣ Doing anxiety-provoking things that have avoided for a long time for a purpose
- Adding dietary/nutritional counseling

Conclusions

- ACT may be beneficial for those struggling with AN
 - Some limitations with weekly OP therapy
- Outpatient ACT may help get one to a point where recognize that they need to seriously pursue changes
 - ▣ Creative hopelessness
 - ▣ Values clarification
 - ▣ Self-compassion
- Significantly underweight may need more intensive treatment than weekly outpatient therapy
- Outpatient ACT may make the transition to inpatient treatment easier & help with the transition back into “normal life”



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