Part II: Acceptance-Based Behavior Therapy for Depression and Social Anxiety

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Third World Conference on ACT, RFT, and Contextual Behavioral Science
Enschede, The Netherlands, July 2009

Sponsored in part by a Young Investigator Award from NARSAD: The Mental Health Research Association
Overview

- Background on depression and social anxiety comorbidity
- ACT for social anxiety
- Applying behavior therapy from an acceptance-based framework with depression and social anxiety
Why pay particular attention to social anxiety with depression?

- The most common comorbid anxiety disorder (15-33%) (Belzer & Schneier, 2004)
- Onset of social anxiety precedes that of depression at least 2/3 of the time (Brown et al., 2001)
- It’s typically underrecognized when depression is present (Zimmerman & Chelminski, 2003)
- Yet a majority of clients want treatment for it as well (Dalrymple & Zimmerman, 2008)
Why is it important to treat both concerns?

- **Greater severity**
  - Earlier onset of depression, more depressive episodes, longer episode duration, more intense suicidal ideation, co-occurring substance use problems (Dalrymple & Zimmerman, 2007; Stein et al., 2001)

- **Greater functional impairment**
  - Marital status, lower educational attainment, unemployment, greater healthcare utilization and costs (Alpert et al., 1997; Katzelnick et al., 2001)
How are social anxiety and depression clinically similar?

- **Low**: positive affect, hope, reward sensitivity, curiosity
- **High**: self-focused attention, avoidance, social disengagement, unassertiveness, reassurance-seeking
- Interpersonal rejection sensitivity
How does social anxiety negatively impact the treatment of depression?

- **Clinical:** conducting behavioral tasks/activity scheduling
- **Research:**
  - DeRubeis et al., 2005: Those in CBT condition fared worse when social anxiety was present
  - Holma et al., 2008: Comorbid social anxiety increased risk of recurrence
Why ACT for Social Anxiety?

- 20-25% of clients do not respond to traditional CBT
- Component analyses suggest no clear advantage of cognitive restructuring over exposure
- Quality of life improves only in interpersonal domains
- Acceptance-based approaches may increase receptiveness to exposure (Eifert & Heffner, 2003)
  - Willingness to experience anxiety
  - Linking exposure to personally-identified values
Dalrymple & Herbert, 2007

- Open trial of 19 adults, baseline wait period
- Generalized subtype of social anxiety
- 12 sessions of individual treatment integrating ACT and exposure
- Assessments at pre, mid, post-treatment, and follow-up: social anxiety severity, BDI, functional impairment, behavioral assessments, process measures

Results

- No changes during baseline period
- Significant decreases in severity, functional impairment, discrepancy in values
- Significant increases in quality of life, social skills, and self-rated performance
- Avoidance decreased earlier than fear
Exploratory Process analyses

- Decreased experiential avoidance
- Earlier changes in experiential avoidance predicted later changes in social anxiety severity
Acceptance-based behavior therapy for depression and social anxiety

- Combines behavioral activation and exposure strategies, delivered from acceptance-based framework
- 16 individual sessions
- Addresses problematic processes that underlie both concerns (e.g., behavioral/experiential avoidance, over-attachment to conceptualized self)
- Emphasis on improving functioning
Phases of treatment

- Follow the general phases in the Hayes et al. 1999 ACT book
- Behavioral exercises throughout all phases
- Balance of flexibility and enough structure for research purposes
Phase I: Creative hopelessness & early values identification

- Describe depression & anxiety “loops”
- TRAP exercises to highlight behavioral and experiential avoidance
- Metaphors: Tug of War, Polygraph, Chinese Handcuffs
- Begin to elicit potential value domains and values
Phase II: Willingness paired with behavioral tasks

- Foster willingness to increase motivation for behavior change
  - Metaphors: Two Scales, Clean vs. Dirty Discomfort
- Pair willingness exercises with behavioral exercises that are linked to initial values
  - “Embrace the cold” exercise
ACT-Based Exposure

- Choose a situation to practice based on values
- Choose a social skill to practice
- Encourage non-judgmental observation of thoughts, feelings, physical sensations
- Review what was observed
- Provide feedback on skills
- Watch out for distraction
Phase III: Defusion and the observer self

- Exercises to foster observing private experiences, rather than buying into them
  - Milk Exercise
  - Soldiers in the Parade
  - Your Mind as a Tantruming Child

- Exercises/metaphors to decrease attachment to the conceptualized self
  - Bad Cup Metaphor
Phase IV: Further values clarification

- More formal values clarification
  - Funeral Exercise

- Pick a valued domain ➔ identify values ➔ long-term goals ➔ short-term goals ➔ subactions related to the ST goals ➔ role played in session and practiced for homework

- Re-emphasize link between willingness and value-guided behavior
  - Bubble in the Road
Phase V: Post-treatment planning

- Create post-treatment plan using same values and goals process as in Phase IV
- Emphasize that this is a process
  - Skiing Metaphor
- How to get back on the trail when you’ve noticed you’ve wandered off
  - Path Up the Mountain Metaphor
  - Link to post-treatment plan
Open Trial Methods

- Referred after initial session with psychiatrist

- Inclusion
  - 18 or older
  - Symptoms of depression and social anxiety
  - Other comorbidities allowed

- Exclusion
  - Psychosis, bipolar disorder, substance dependence
Open Trial Methods

- Informed consent/diagnostic interview
- Self-report & clinician measures
  - Depression & social anxiety severity
  - Quality of life and functioning
  - Experiential avoidance
- 16 sessions of individual therapy in addition to pharmacotherapy as usual
- Assessments at pre, mid, & post
Preliminary Findings

- 10 participants recruited
- 7 completers
- 4 males, 6 females
- Mean age: 45
- 7 employed full time, 1 student, 2 retired
- 3 married, 2 living with partner, 5 single
Preliminary Findings

- **Depression severity**
  - Cohen’s $d = 1.5$

- **Social anxiety-fear**
  - Cohen’s $d = .52$

- **Social anxiety-Avoidance**
  - Cohen’s $d = 1.1$

- **Experiential avoidance**
  - Cohen’s $d = .60$
Inventory of Depressive Symptomatology

[Graph showing a downward trend in estimated marginal means over time.]
Liebowitz Social Anxiety Scale - Fear

Estimated Marginal Means

Time

1
2
Experiential Avoidance
Future Directions

- Randomized trial underway
  - Meds+ Enhanced Assessment vs. Meds+Therapy
- Continue to examine outcomes, as well as processes
- Long-term future: component analyses
Many Thanks To:

- Mark Zimmerman, M.D.
- Van Miller, Ph.D.
- Janine Galione, B.S.