

Acceptance and Commitment Therapy (ACT)

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National Institutes of Health
Trichotillomania Learning Center
American Psychological Association
Association for Behavioral and Cognitive
Therapies

I have books with
New Harbinger
Oxford Press

Tell me about you

What do you do in psychology?
Which populations do you work with?
How much do you know about ACT?
What would you like to learn from this
day?
Anything else?
I am here to work for you!
Please ask questions!

Outline for the day

Theory and philosophy of ACT
Current state of the evidence for ACT
ACT model of psychopathology and intervention
Work through each ACT process with didactic, exercise, and/or video
I will dance between scientist and therapist/trainer

How did ACT develop?

True story—or at least how I understand it
Behaviorists (or functional contextualists) interested in clinical issues
But technology and understanding was lacking
Rule Governed Behavior and Relational Frame Theory (Stimulus Equivalence) were developing

Human Operant Research

Alan Baron
Simple schedules with humans do not work

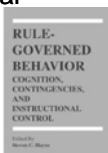


Rule Governed Behavior

There was something important about how cognition affected basic behavioral processes

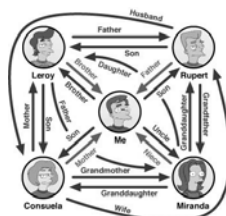
Verbal humans are insensitive environmental contingencies
Analysis of how this happens was still missing

To say "cognition" is not enough



Relational Frame Theory

All stimuli have meanings and functions
Animals and humans differ
How much of what we know is from experience?
A lot of what we know we learned verbally
But does what we "know" really match the way the world works?



Language: the two-sided sword

Useful and interfering effects of this ability
Grocery store
My wife and our children, "getting older"
We can apply this to our own thinking and emotions



Form vs. function

Language builds upon itself
All stimuli are controlled by a *relational* context and a *functional* context
These contexts are separately controlled
5 of 6 ACT processes target the function of language
Values targets the relational context



Experiential Avoidance

Experiential avoidance is the tendency to attempt to alter the form, frequency, or situational sensitivity of historically produced negative private experience (emotions, thoughts, bodily sensations) even when attempts to do so cause psychological and behavioral harm

Psychological Inflexibility

The ability to contact the present moment more fully as a conscious human being, and based on what the situation affords, to change or persist in behavior in order to serve valued ends

EA and PI are Harmful

Acceptance and Action Questionnaire-II

It's OK if I remember something unpleasant.
 My painful experiences and memories make it difficult for me to live a life that I would value.
 I'm afraid of my feelings.
 I worry about not being able to control my worries and feelings.
 My painful memories prevent me from having a fulfilling life.
 I am in control of my life.
 Emotions cause problems in my life.
 It seems like most people are handling their lives better than I am.
 Worries get in the way of my success.
 My thoughts and feelings do not get in the way of how I want to live my life.

AAQ Scores Are Associated With

Higher anxiety	History of sexual abuse
More depression	High risk sexual behavior
More overall pathology	BPD symptomatology and depression
Poorer work performance	Thought suppression
Inability to learn	Alexithymia
Substance abuse	Anxiety sensitivity
Lower quality of life	Long term disability
Trichotillomania	Worry
War related stress	Pain tolerance
Poor weight management	Health Anxiety
OCD	

I find this does not fit well within some areas of clinical psychology

Diagnostic criteria
 Treatment models
 Models of psychopathology
 Measures
 How the world looks at "negative" inner experiences

Does targeting this process work?

ACT directly targets EA and PI
If these processes are central to pathology, greater therapeutic emphasis on it should result in significant clinical improvement

The Effectiveness Project

Strosahl et al., Behavior Therapy, 1998

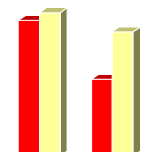
8 HMO therapists trained 1 yr in ACT; 10 not. The two groups were self-selected, not randomized

Before training for a month all assigned clients (N=59) assessed at initial visit and 5 months later

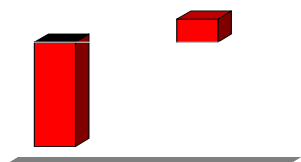
All assigned clients (N=67) similarly assessed after 1 yr of training

No difference in average number of sessions

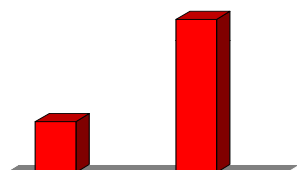
Treatment was Faster



Treatment was Cheaper



Treatment was Better



ACT vs CBT

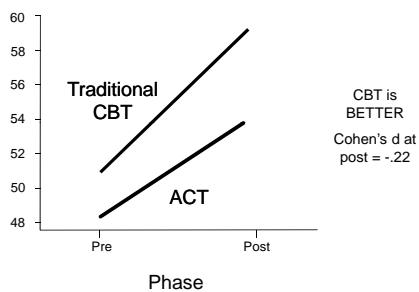
Lappalainen, Lehtonen, Skarp, Taubert, & Hayes, 2007, Behavior Modification

14 junior therapists
CBT versus ACT; One client each
2 sessions of functional analysis
7 sessions applying the model using a
list of best validated CBT procedures
and a list of ACT methods

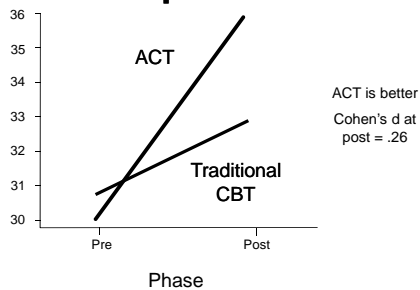
Methods

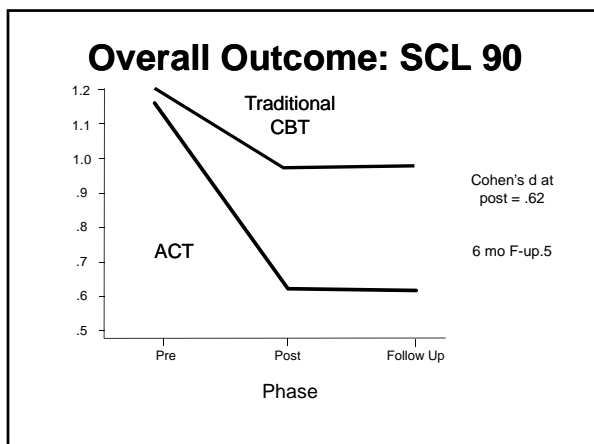
CBT		ACT	
Exposure external	13	Clarification of goals	42
Exposure covert	73	Clarification of workability of earlier solution	33
Self-observation	70	Value work: discussions and exercises	117
Behavioral activation	58	Control and acceptance issues	57
Problem solving	24	Concept of self issues	30
Social skills training	40	Metaphors	46
Relaxation	17	Observer exercise	22
Homework	97	Mindfulness exercises	20
Questionnaires	27	Homework	73
Other	58	Questionnaires	32
		Other	46

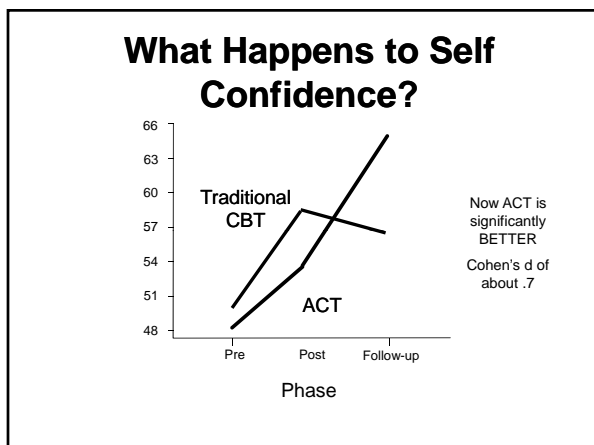
Process of Change: Self Confidence



Process of Change: Acceptance







Coping with Psychotic Symptoms

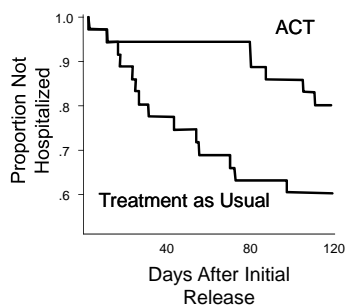
Bach & Hayes, JCCP, 2002

80 S's hospitalized with hallucinations and/or delusions randomized to either ACT or TAU

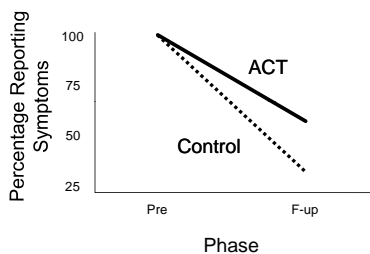
3 hours of ACT; all but one session in-patient

ACT intervention focused on acceptance and defusion from hallucinations / delusions

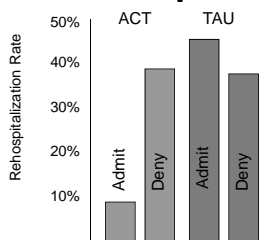
Impact on Rehospitalization

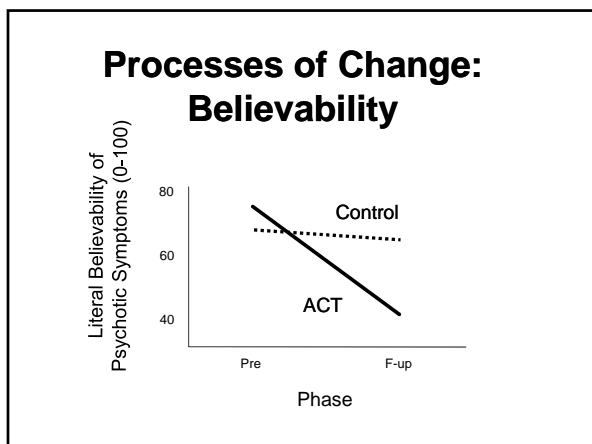


Processes of Change: Symptoms



Processes of Change: Symptom Reporting and Acceptance





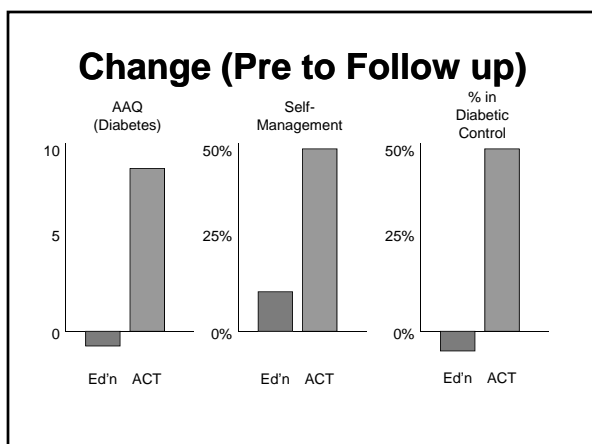
ACT for Diabetes Management

Gregg, Callahan, Hayes, & Glenn-Lawsen, 2007, JCCP

Randomized controlled trial with poor, mostly minority clients

40 / group: ACT plus diabetes education (one six-hour workshop) or diabetes education (also a six hour workshop)

Pre, post, 3-month follow-up



ACT for Epilepsy

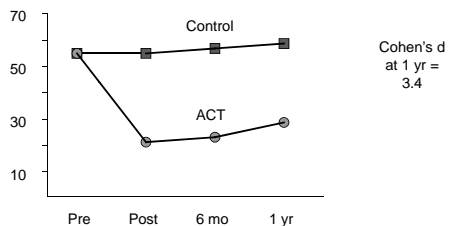
Lundgren, Dahl, Melin, & Kies, 2006, *Epilepsia*

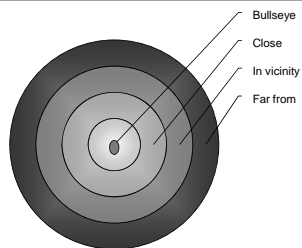
Randomized trial with 28 poor South African epileptics, not fully regulated by medication

ACT vs. Attention Placebo

9 hours of therapy across 5 weeks: two three hour groups; two 1.5 hour individual sessions

Process: Epilepsy Focused Experiential Avoidance

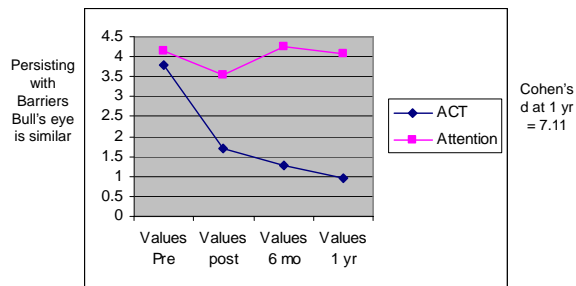




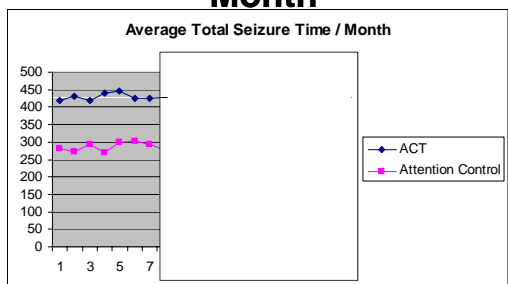
- 1) Value _____
- 2) Direction _____
- 3) Valued action _____

Place an X on the dashboard that best represents how close you are towards being in this valued direction in your life right now.

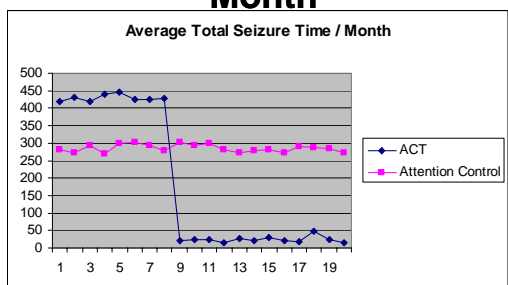
Moving in a Valued Direction



Outcome: Total Sec Seizure Duration / Month

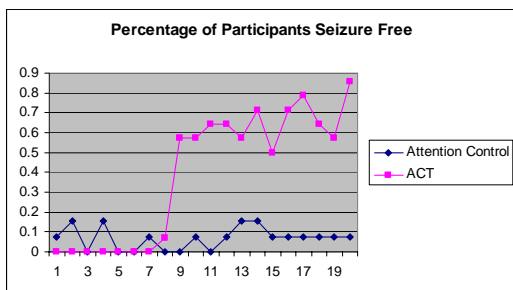


Outcome: Total Sec Seizure Duration / Month

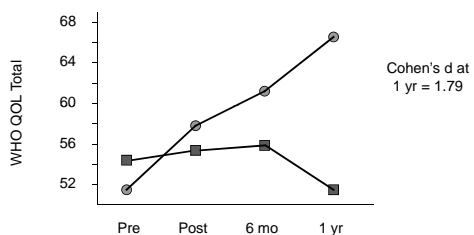


Cohen's d at 1 yr = 1.25

Outcome: Percent Seizure Free



Outcome: Overall Quality of Life



Efficacy—Time series, uncontrolled trials, case studies

- | | |
|---------------------------------|-----------------------------------|
| Post-traumatic stress disorder | Anorexia |
| Panic disorder | Prejudice |
| Borderline Personality Disorder | Marijuana dependence |
| Skin picking | Methadone maintenance cessation |
| Abdominal pain | Sexual functioning and paraphelia |

Efficacy—RCTs

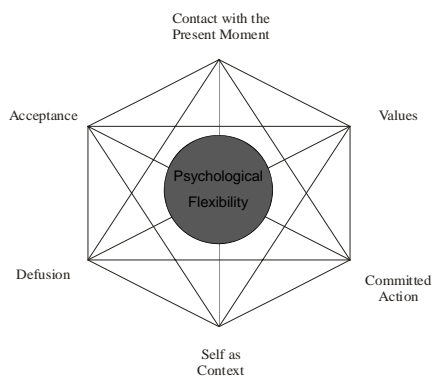
Chronic pain	Epilepsy
Psychosis	Depression
Stress of parents with children diagnosed with DD or MR	Trichotillomania
Social anxiety	Diabetes management
Workplace stress and innovation	Multicultural competency
Smoking cessation	Polysubstance abuse
Use of ESTs	Stigma against mental illnesses
OCD	Adjusting to end-stage cancer
Weight loss	Generalized Anxiety Disorder

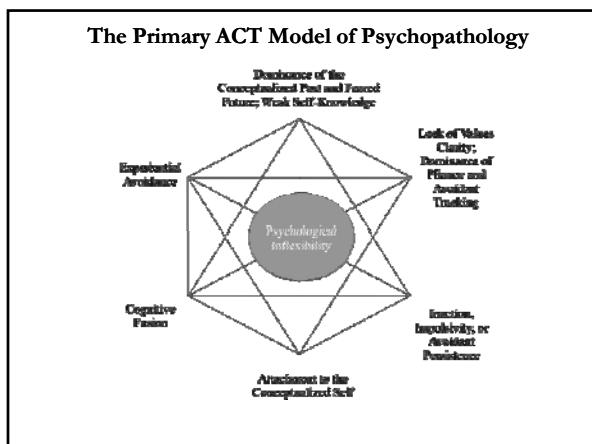
ACT Model

Context not content
 All work is done in the service of client values
 Behavior change is in the service of values
 Therapy is about helping people live meaningful, exciting lives

We will spend rest of day working through this
 Video
 Exercises
 Discussion

The Primary ACT Model of Treatment





When is ACT appropriate?

Use supported treatments first
ACT is appropriate when the ACT model of pathology is a large factor in the disorder
E.g., ACT is not appropriate for skills deficits
ACT may not be appropriate for disorders
ACT is supported for

How to assess for function?

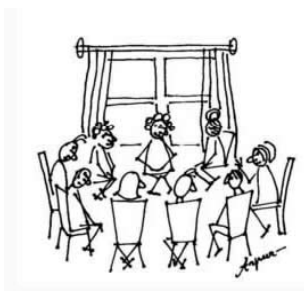
Functional assessment and analysis are useful
Assess around each ACT process
Specific measures are also useful
Acceptance and Action Questionnaire-II
Thoughts Action Fusion Questionnaire
Mindfulness questionnaires

Outcomes

ACT is more focused on quality of life than symptom reduction
This creates problems when using "typical" outcome measures
Tracking behavior often works well
This may initially confuse clients

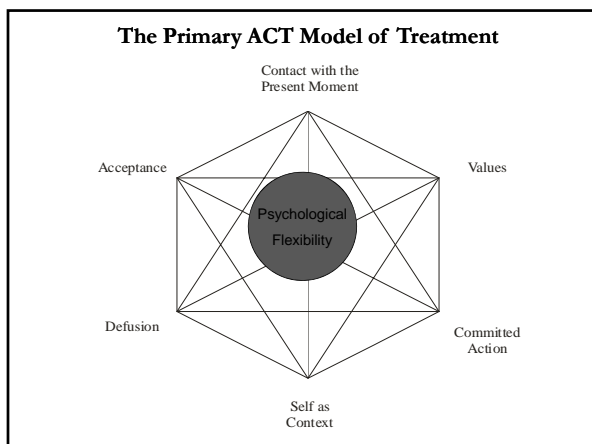
How this is presented to clients

Different
Roller coaster
Judge at end
Outcome



ACT specifics

Client and therapist are on equal ground
Shy away from being literal
No models
Lots of confusing and paradoxical talk
Lots of exercises
And not explaining why
Workability trumps accuracy



Acceptance vs Experiential Avoidance

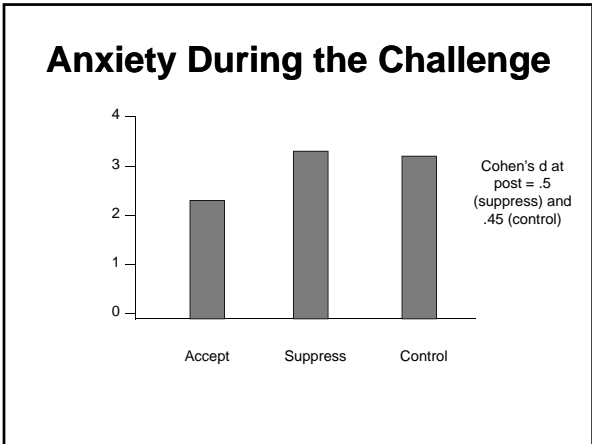
<p>Acceptance</p> <p>Experiential Avoidance</p>	<ol style="list-style-type: none"> 1. Hayes et al. (1999) 2. Eifert & Heffner (2003) 3. Levitt Brown, Orsillo, & Barlow (2004) 4. Feldner, Zvolensky, Eifert, & Spira (2003) 5. Masedo & Esteve (2007) 6. Keogh, Bond, Hammer, Tilston (2005) 7. Gutiérrez, Luciano, Rodríguez, & Fink (2004) 8. Takahshi, Muto, Tada, Sugiyama (2002) 9. Kehoe, Barnes-Holmes, Barnes-Holmes, Cochrane, & Stewart, (2007) 10. Campbell-Sills, Barlow, Brown, & Hoffmann 11. Forman, Hoffman, McGrath, Herbert, Brandsma, & Lowe, (2007) 12. Vowles, McNeil, Bates, Gallimore, & McCall (2007) 13. Roche, Forsyth, & Maher (2007)
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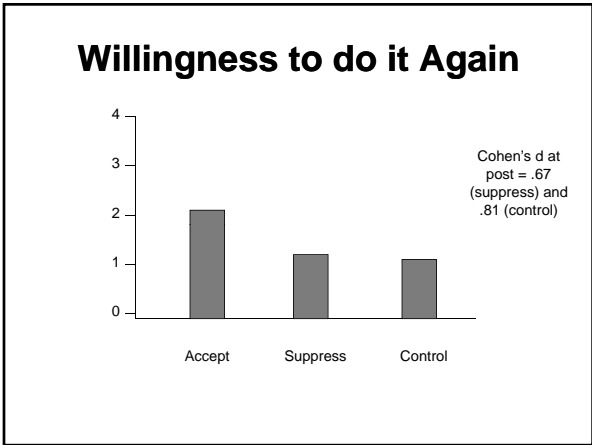
Acceptance and Exposure

Levitt, Brown, Orsillo, & Barlow, Behavior Therapy, 2004

60 individuals with a primary diagnosis of panic disorder with or without agoraphobia randomly assigned to one of three groups (10 min audiotape): Acceptance, Suppression, Control (irrelevant distraction)

15-minute 5.5% CO₂ challenge (panic provocation)





Acceptance vs. Avoidance

When is this seen in a client?
Targeted moment by moment
Therapist being OK with difficult topics
Therapist being personally open

Acceptance vs. Avoidance

Formal exercises

- Quicksand
- Playing a rigged game
- Feeding a tiger to make it quiet
- Giving into your kid at the grocery store
- Tug of war with rope
- Chinese handcuffs



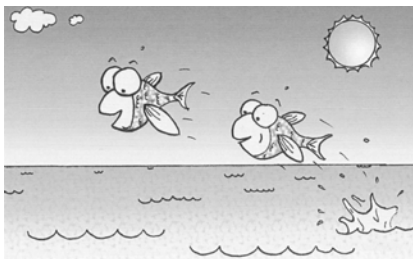
Defusion vs Cognitive Fusion

Defusion
Cognitive Fusion



- Marcks & Woods (2005)
- Marcks & Woods (2007)
- Masuda et al. (2004, 2008, 2009)
- McMullen, Barnes-Holmes, Barnes-Holmes, Stewart, Luciano, & Cochrane (2008)
- Deacon (under review)

“Oh, this is the stuff you were talking about”



Defusion vs. Cognitive Fusion

When does this show up?
Simple responses in session
Has that thought helped you?
How old is that thought?
Thank your mind for that
There it is again?
Does this sound like your mind?

Defusion vs. Cognitive Fusion

Additional options
Repeat word
Limitations of language
Try not to evaluate
Do opposite of a thought
Difference between knowing about and knowing how

Being Present vs. Not Present

Being Present	Arch & Craske (2006)
Not Present	Broderick (2005)
	Burns (2006)
	Leventhal, Leventhal, Shacham, & Easterling, (1989)
	Haythornthwaite, Lawrence, & Fauerbach (2001)
	Logan, Baron, & Kohout, (1995)
	Michael & Burns (2004)
	Kingston, Chadwick, Meron, & Skinner (2007)

Being Present vs. Not Present

What is being present?
What is not being present?

Example

Leaves on a stream

Additional examples

- Slowing speech
- Bring client back to the room
- Labeling inner experience
- "Widening View"

Self as Context vs. Self as Content

What is self as context?
What is self as content?
When does this occur?



Self as Context vs. Self as Content

Quick responses in session
Are you saying that or is your mind saying that?
Are you the same as your thoughts?
Is it OK to just have that thought?

Formal exercises

- Watching thoughts
- Listen to music in car

Following Values vs. Unclear Values

Following values	Páez-Blarrina et al. (in press)
Not following values	Cohen, Garcia, Apfel, & Master (2006)
	Creswell et al. (2005)
	Harris, & Napper, (2005)
	Spencer, Fein, & Lomore (2001)
	Fein, & Spencer, (1997)

Following Values vs. Unclear Values

What are values?
As described in therapy

Values exercise
Bulls eye

Quick responses
What is that in the
service of?
If that thought wasn't
In the way...



Behavioral Commitment vs. Inaction

Commitment tied to values

Can be any already supported behavioral procedure

But must be from ACT framework

Parameters to behavioral commitments

- Time/event not emotional intensity
- No "clock watching"
- Practice other ACT processes while doing it

**Psychological Flexibility vs.
Psychological Inflexibility**

What is psychological flexibility?
What is psychological inflexibility?

Order therapy is done in

Most ACT therapists do all processes in each session

My general order

- Creative Hopelessness
- Control as a Problem
- Acceptance
- Defusion
- Self as context/ being present
- Behavioral commitments at session 3ish
- Values last two sessions

**If you are interested in learning
more about ACT**

www.contextualpsychology.org
Yahoo groups—ACT, RFT, ACT for public
New Harbinger books and Videos
Professional Consultation
You always welcome to contact me
Michael.twohig@usu.edu
(435) 797-1402

Top 5 reads

Books

Luoma, Hayes, & Walsler (2007). *Learning ACT*. Oakland: New Harbinger.

Twohig & Hayes (2008). *ACT verbatim*. Oakland: New Harbinger.

Articles

Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Emotional avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*, 1152-1168.

Top 5 reads—continued

Articles continued

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy, 44*, 1-25.

Hayes, S. C. (2004). Acceptance and Commitment Therapy, Relational Frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy, 35*, 637-638.
