

ACT/ERP przy OCD

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Prowadząca

Dr. Z spędziła całą swą karierę zastanawiając się: czy było to wystarczająco użyteczne? Czy zrobiliśmy to prawidłowo? Czy zaszło tu coś konkretnego? Czy powinniśmy byli zrobić to inaczej?



Kim jestem i co robię?

3



BA. Psycholog szkolna
Boliwia, Ameryka Południowa

2001 Kalifornia – trening
behawioralny

Dr. Psychologia kliniczna
Bay Area, California

Formalne wykształcenie w CBT, DBT,
BA, ekspozycji oraz ACT

Pełna pasji terapeutka
behawioralna

East Bay Behavior Therapy Center
Intensywny ośrodek ambulatoryjny
(IOP)
67% klienci ambulatoryjni



Podstawy

4



Dlaczego taki
temat?

Pamiętajmy o
danych

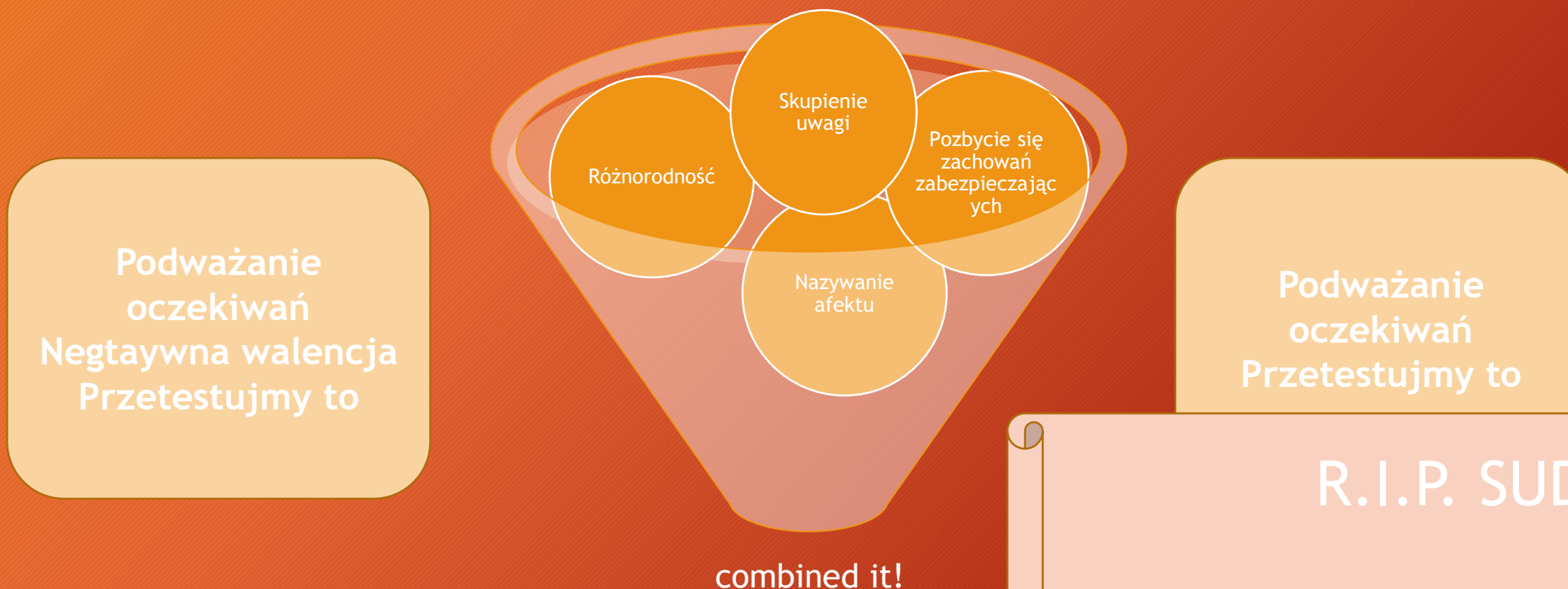


ERP: inhibycyjny model uczenia się (IML)

Z dala od habituacji/redukcji strachu, w stronę tolerancji

5

Praktyka ekspozycji



Aktualne dane: 2018

6

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



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Keywords:

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Exposure and response prevention
Obsessive-compulsive disorder

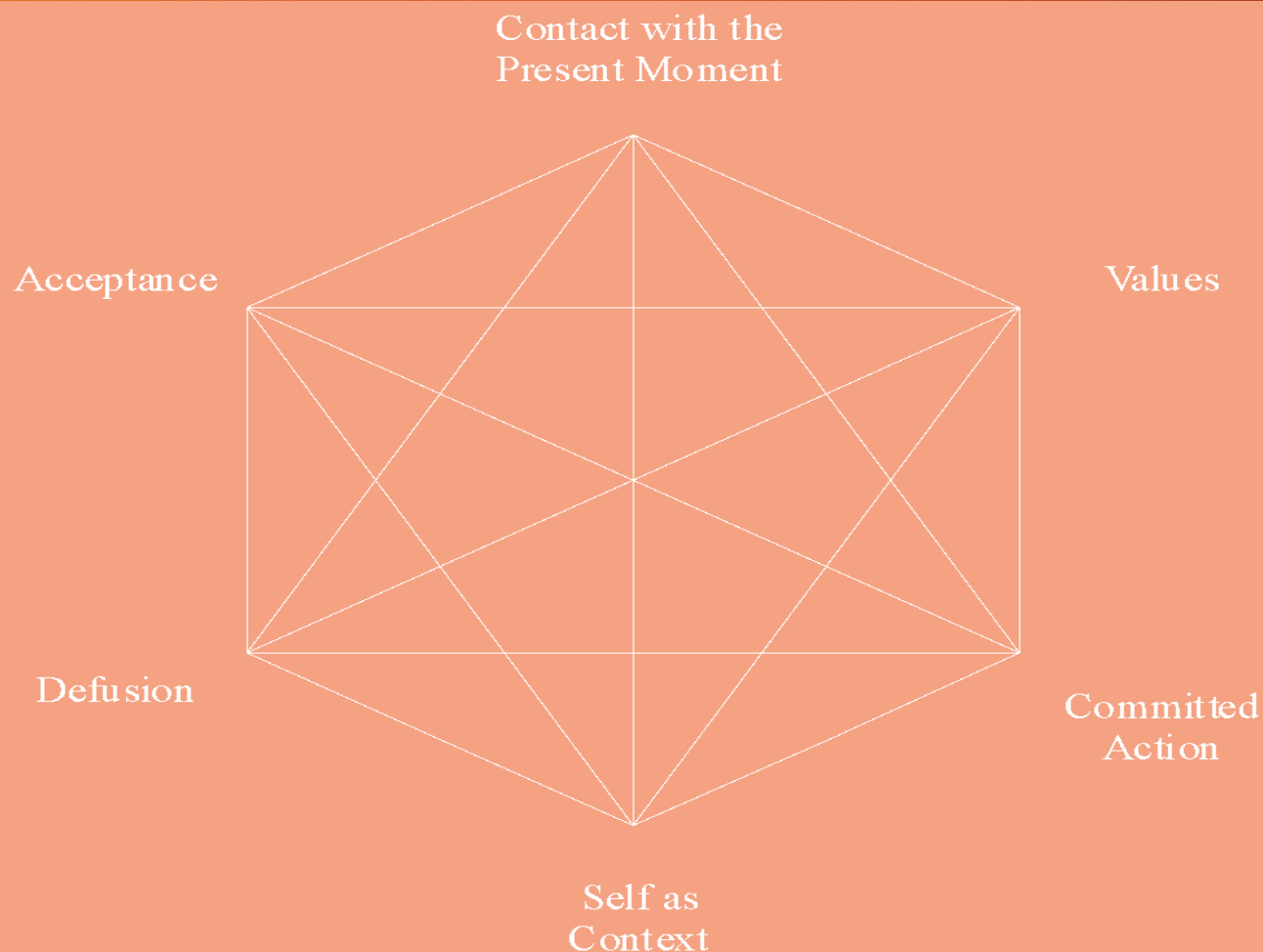
ABSTRACT

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 - hexaflex

7

Procesy
akceptacji i
uważności



Procesy
zaangażowania
oraz zmiany
zachowania

Podobieństwa i różnice: Zatrzymajmy się na chwilę

8

ILM

- Podważanie oczekiwań
- Tolerancja dla strachu
- Losowa kolejność praktyk ekspozycyjnych
- Rozwijać asocjacje związane z bezpieczeństwem, które działają inhibicyjnie...
- Ekspozycja wydaje się być linearna

ACT

- Ekspozycja oparta na wartościach
- Gotowość/akceptacja
- Zdolność wyboru
- Skontekstualizowane zachowania związane z wartościami
- Ekspozycja ze swej natury bazująca na procesach psychologicznych

Studium przypadku:

9

Wiek: 50

Przynależność etniczna: Biały/kaukaski

Płeć: żeńska

Aktualne leki: Prozac

Obsesja: strach przed nie byciem w stanie przestać skupiać się na swoim oddychaniu

Konsekwencja strachu: Będę bezdomna

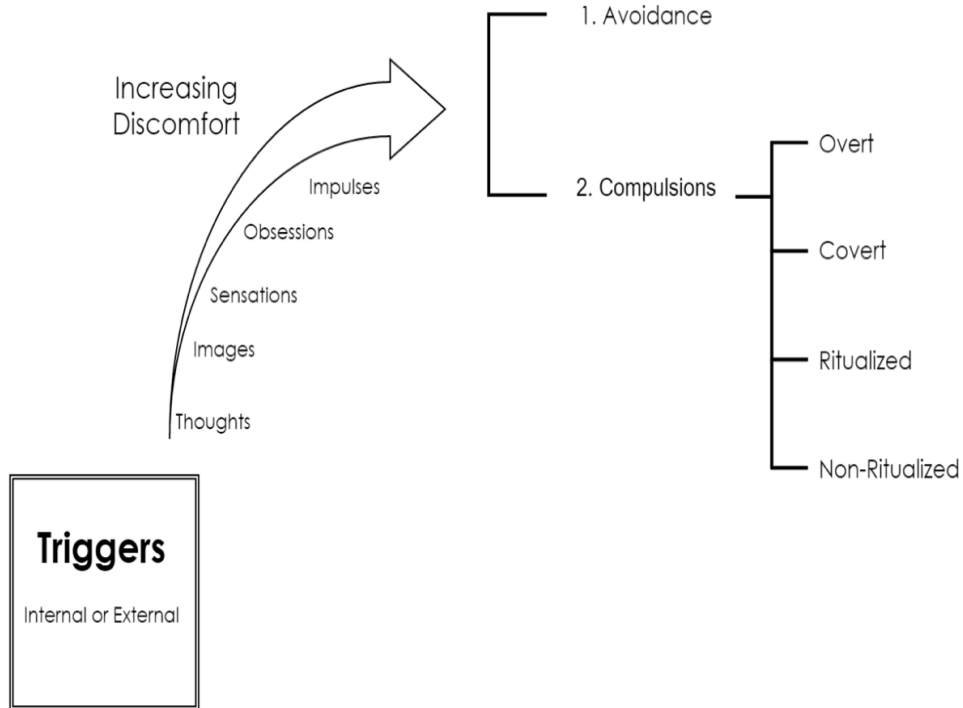
Zachowania przymusowe: psychiczne przymusy (wyliczanie wszystkich razów, kiedy terapia działała dla niej, sprawdzanie, czy skupia się na oddechu, szukanie zapewnienia, czy wszystko będzie ok (1-3 godziny dziennie)

Wcześniejsza historia OCD: adolescencja, wczesna dorosłość

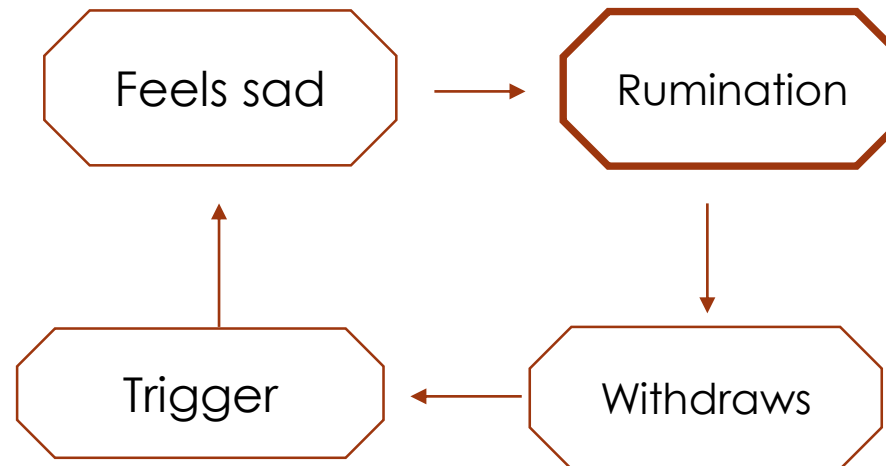
ACT: forma kontra funkcja function (konceptualizacja)

10

OCD Diagram:



Behavioral withdrawal formulation

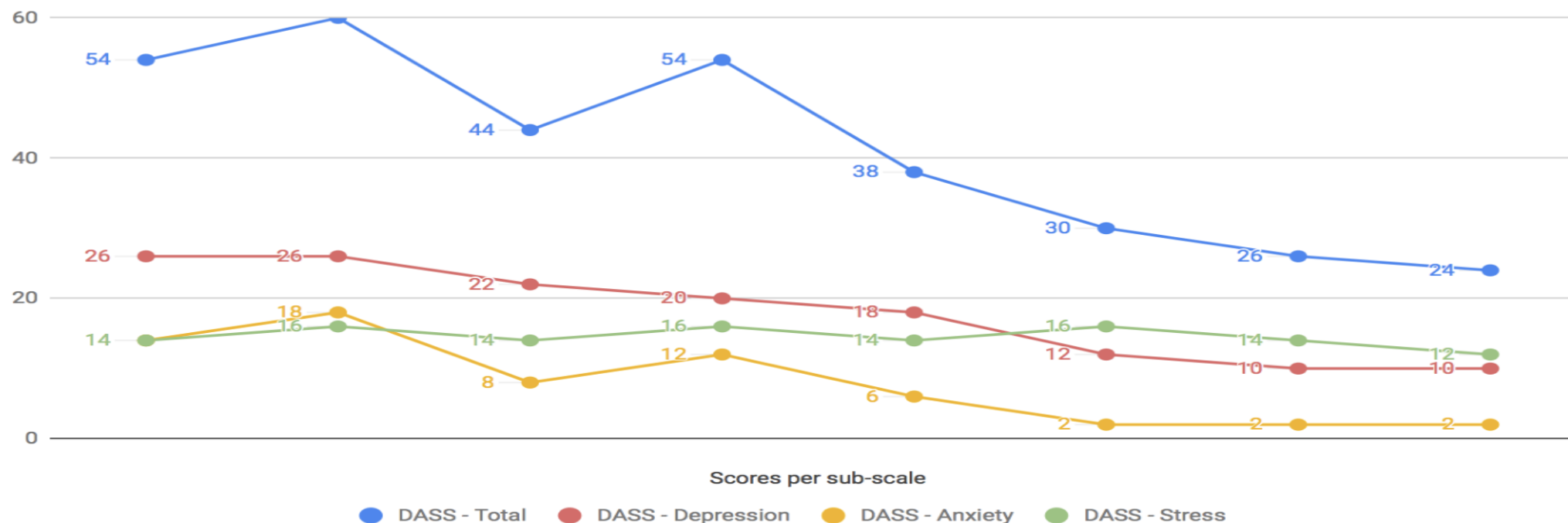


DASS: skala depresji, lęku i stresu

terapia ACT

11

DASS: depression, anxiety, and stress scale



Clinical norms	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Powrót do podstaw: jaki jest cel tej terapii?

12

I want to get better

Not having this breathing thought

Not having the anxiety about breathing

I want to get where I was before the breathing thought

Kryteria wedle których zmienić sposób pracy!

13

Moją hipotezą było:

- Cele klienta były rozbieżne w stosunku do tego, co można osiągnąć w ramach ERP lub jakiegokolwiek innej terapii
- Ruminacje klienta były konceptualizowane jako kompulsje niezależnie od sytuacji (across settings)
- Wycofanie behawioralne klienta nie było częścią wstępnej konceptualizacji

Jakiegokolwiek inne myśli? Zatrzymajmy się na chwilę

Kreatywny brak nadziei

14

- Użyteczność ma znaczenie!

Praktyka ekspozycyjna oparta na wartościach (wersja terapeuty)

15



ACT: Exposure Coaching Practice Form (for therapists)


Name: _____ Date: _____

What's my core fear/obsession?

How has these obsessions/compulsions affected my life?

What really matters to me?

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

Trials	Exposure Activity	Willingness 

Praktyka ekspozycyjna oparta na wartościach (wersja klienta)

16




ACT: EXPOSURE PRACTICE SHEET

Name: _____

Date: _____

What do I value enough to get out of my comfort zone and choose a values-based exposure?			

What am I open to do for my values-based exposure-? (what, where, when, for how long)	How important is it for me? (0 - 10)	How willing am I to do it? (0 - 10)	How did it go? Did I get closer or far away from my values? 

Terapia ACT

17



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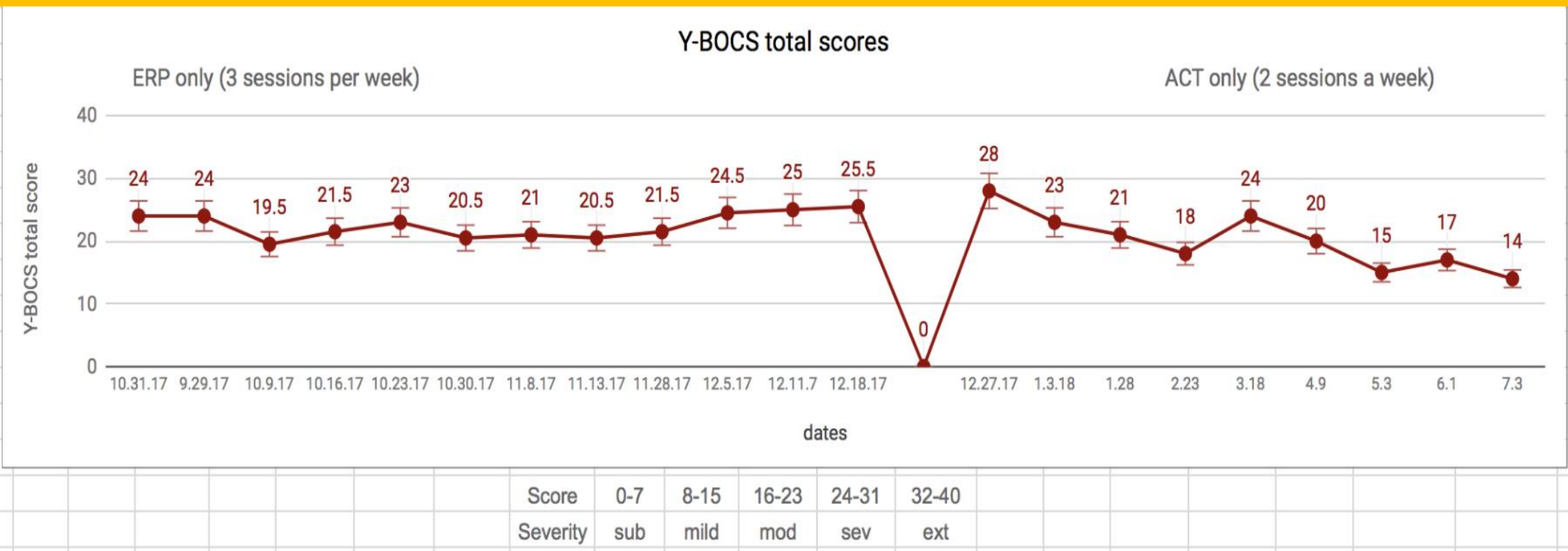
Difficulty w/ Intrusive thoughts, images, or urges	X 1 thought
Sleep Problems	X
Eating Problems	X
Chronic Pain or Medical Problems	

4. October through December work really hard on Exposures but still anxious and losing hope,
5. Call you for treatment.
6. January 2018: start treatment with you. Incorporate ACT and focusing on my life and value actions.
7. Do feel like I am better and the thought is not all consuming. And I am living my life more and enjoying activities.
8. I feel like I am only starting on the skill of "unhooking"
9. I know I need to just live with the thought and show myself it is not impacting my life that much. I hear in my head you telling me there is nothing to fix.
10. Hoping I can continue to work on unhooking and master unhooking from the thought.

Thanks,

Y-BOCS: Yale-Brown Obsessive compulsive scale

terapię ERP oraz ACT/ERP



Y-BOCS: Yale-Brown Obsessive Compulsive Scale

wyniki podskal

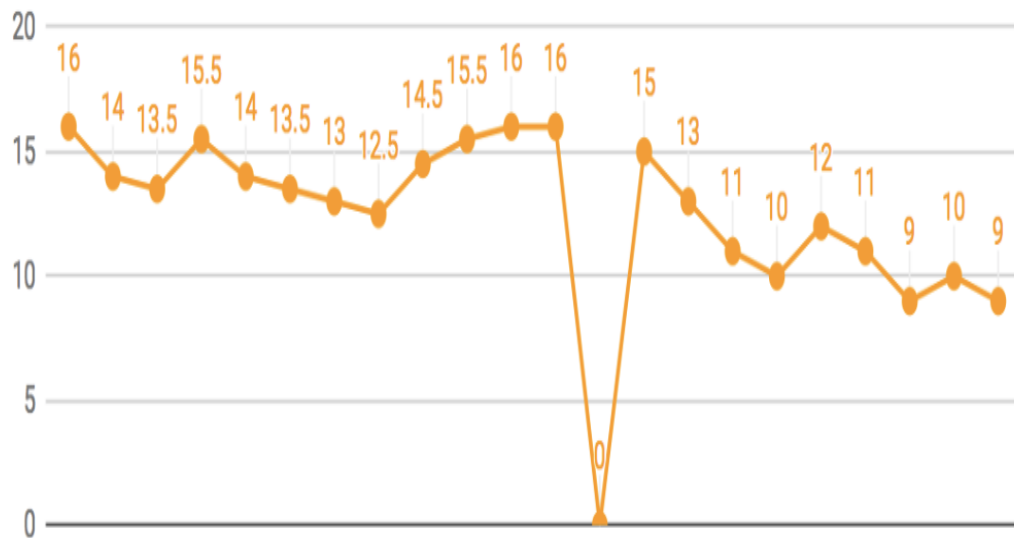
terapii ERP oraz ACT/ERP

20

Y-BOCS: sub-scale: Obsessions

ERP only (3 sessions per week)

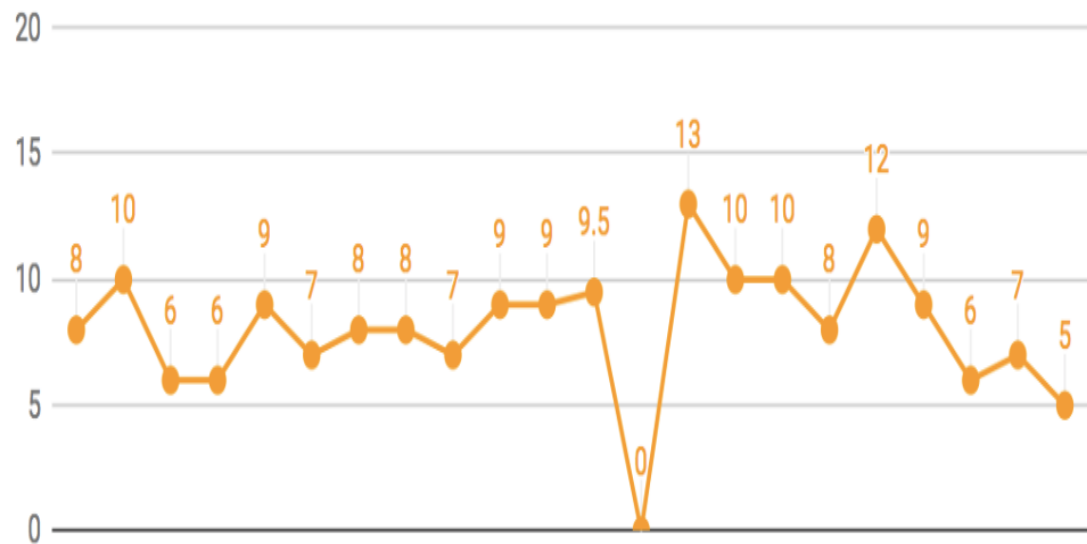
ACT only (2 sessions a week)



Y-BOCS sub-scale: Compulsions

ERP only (3 sessions per week)

ACT only (2 sessions a week)



Działania związane z wartościami

21

Hi Dr. Z,

Here is my list:

1. Soccer games with [REDACTED]
2. Helping with homework
3. Not avoiding going to movies and enjoying them
4. Hiking both with [REDACTED] and without
5. Going to dinner and concerts with friends
6. Getting Kitchen painted
- 7: clothes shopping for spring break
- 8: PT exercises/appointments
9. Favorite long walk
10. Spring Break, enjoyed, focused on outside
11. Reading a book, almost finished.

AAQ - II

terapia ACT

22

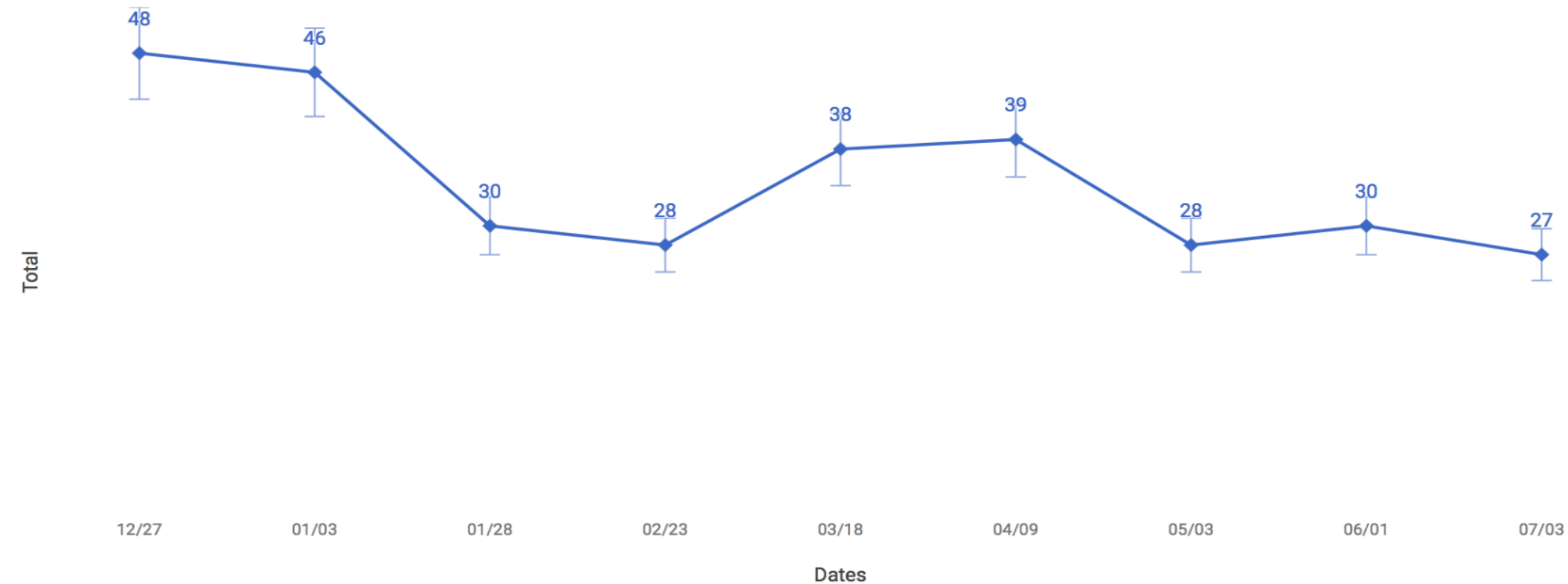
1	2	3	4	5	6				7		
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true				always true		
1. My painful experiences and memories make it difficult for me to live a life that I would value.					1	2	3	4	5	6	7
1. I'm afraid of my feelings.					1	2	3	4	5	6	7
1. I worry about not being able to control my worries and feelings.					1	2	3	4	5	6	7
1. My painful memories prevent me from having a fulfilling life.					1	2	3	4	5	6	7
1. Emotions cause problems in my life.					1	2	3	4	5	6	7
1. It seems like most people are handling their lives better than I am.					1	2	3	4	5	6	7
1. Worries get in the way of my success.					1	2	3	4	5	6	7

Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (in press). Preliminary psychometric properties of the Acceptance and Action Questionnaire

AAQ - II: Acceptance and ACTION QUESTIONNAIRE terapia ACT

23

AAQ-2: total scores



Defuzja od myśli o oddychaniu

24

- Oto przykładowe ćwiczenie defuzyjne, jakie zrobiliśmy

Pytania

25

Ocena

26

OCD u dorosłych

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

OCD u dzieci

- C-YBOCS
- 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

Ocena za pomocą Y-BOC

27

Triggering situation	obsession	compulsion	Time/length/freq
When eating lunch/dinner	Fear of uncomfortable if not eating food items in a specific order	1 st eating meat, 2 nd . Vegetables, 3 rd . grains, 4 th starch food cannot be touching each other	daily
When talking to people that XX knows	Fear about saying the wrong thing	Blinking: 3x with her whole face	daily
Walking on the street	Fear of not feeling right	Tap once items	
After school, and getting ready to do homework	Fear of not feeling right to complete homework; fear of making mistakes	To-do lists things to do during the day, order of homework,	daily
After school and walking by household items	Fear of not feeling right if the settings don't look organized	Straighten pictures in the wall Straighten the TV (*) Straighten the carpet in the living room	5'
Math, English; when writing in the whiteboard and words don't look straight	Fear of not feeling right if she makes mistakes	Re-writing from the beginning of the sentences	It varies per subject
History, English, and science subjects	Fear of not feeling right if she makes mistakes	Re-reading words until gets satisfied	It varies per subject
When leaving to school	Fear of a starting a fire if she doesn't pay attention	Checking 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
Having a conversation with friend	Fear of not saying the right thing, saying something off topic, friends will think I'm weird	Rehearse mentally the conversation and imagine what others will said	3x a week
Touching slime at school	Fear of feeling like her skin is feeling too uncomfortable.	Avoid touching sticky item (There is no checking behaviors)	

Triggering situation	Obsession	Compulsion	Time/length/freq
When answering a test at school	Fear of making mistake: "I probably made a mistake in a bunch of questions", "I need to make sure that I got everything right", "I don't want to fail in this test"	Start to check the questions, in different stages, calculating how many answers he got wrong.	10 to 30 times
When going to study room to pick the backpack	Fear about forgetting something on his backpack and that would be a disaster ("I don't want to forget something")	Check/scan the desk until feel "right"	Daily (during school time)
When doing homework, during classes, or even in classes that are not important (Summer classes)	Fear of making mistake	Reread his answer	50 to 60 times
When walking to school and thinking about a test	Fear of making mistakes and feeling uncertainty about the answers: "I got that question wrong"	Urge to check the answer with a friend: ask friend the answer that he/she got	Every time after doing a test

Monitorowanie

28

CLEAN AND DIRTY DISCOMFORT DIARY

Each time you run into a situation where you feel “stuck” or that you are struggling with your obsessions, please complete each column below.

Situation	(Clean Stuff) My First Reactions	Struggle Rate your distress level on a 1-100 scale	(Dirty Stuff) What I Did About My Reactions
What happened to start this?	What immediately “showed up” in the way of thoughts, feelings, memories, or physical sensations?	1 = no suffering - 100 = extreme suffering	Did I struggle with things I didn’t like? Did I criticize myself? Did I try to shove my reactions back in, or pretend they weren’t there?

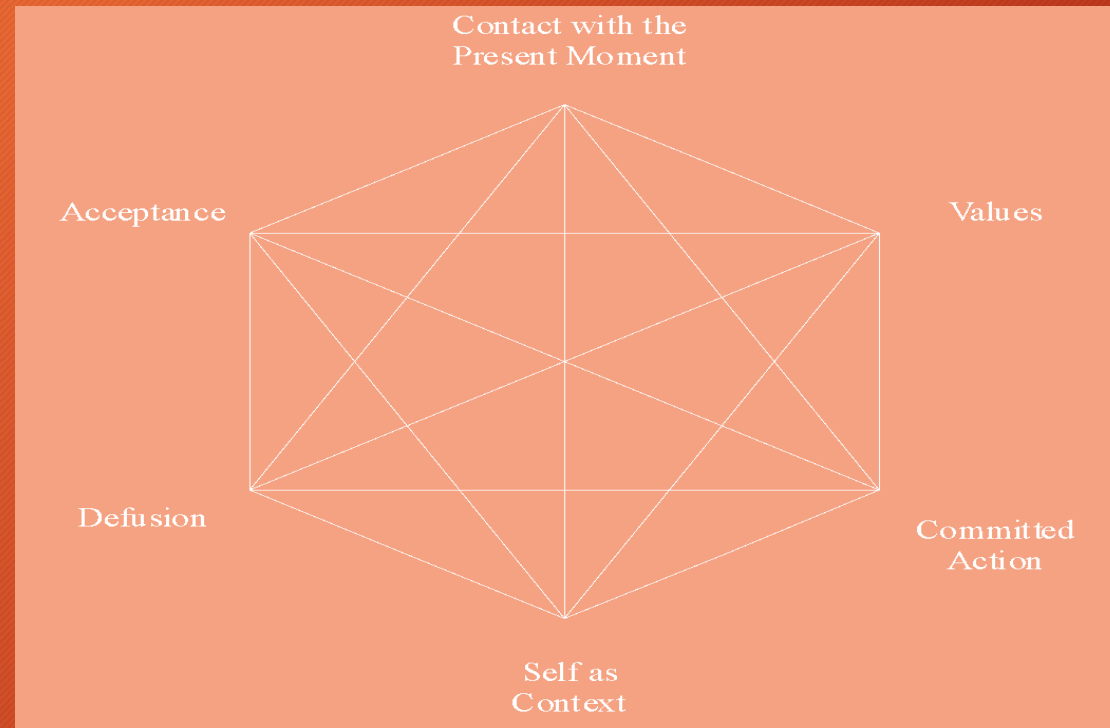
OCD: ból czysty vs brudny

29

CLEAN AND DIRTY STUCKNESS DIARY

Up to this point you may have been doing all types of things to get rid of OCD, 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, please complete each column below.

Situation	What obsessions showed up? (Clean stuckness)	Struggle Rate your distress level	What compulsions or avoidance behaviors did you do? (Dirty stuckness)	What are the payoffs in your life?
What happened to start this OCD episodes?	What immediately "showed up" in the way of thoughts, feelings, memories, or physical sensations?	1 = no suffering 100 = extreme suffering	Did I struggle with things I didn't like? Did I try to shove my reactions back in, or pretend they weren't there?	



Menu ekspozycyjne

30

Values-based exposure menu

Client's Name: _____

Date: _____

Obsessions: What are those unwanted images, thoughts, sensations, and urges you're struggling with?

Triggers: what starts them? Think about situations, people, objects, activities, and even thoughts that starts OCD episodes.

Compulsions: What do you do to neutralize them? do you do any ritual? Do you do anything in your mind?

Escape: do you usually get out of the situation as soon as possible? If so, please list the things you avoid or escape in your daily life.

Willingness Exposure exercise/behavioral commitment linked to a value
(0-100)

100	Talking or reading about diseases like cancers or Parkinson's disease, without reassurance, so that she can be more open to conversations with friends
90	Allowing family members to use whatever soap they choose so that she can have stronger relationships with them
80	Eat an organic apple that touched a non-organic apple so that she can more easily share foods with friends
70	Washing hands with soap from public restroom so that she can get better at being social
60	Eating a food that the therapist chooses, that has no label, so that she can be more spontaneous
50	Visiting a medical center where cancer is treated so that she can learn to be more present with friends who are ill rather than worrying about herself
40	Washing face nightly with non-organic or non-natural soap so that she could practice being more flexible in related situations where she cannot choose soaps
30	Eating a non-organic apple so that she can eat at friends' homes
20	Letting a friend cook for her without checking on what is in the food
10	Eat at a restaurant that she finds disgusting so that she can be more flexible and spontaneous with friends
0	Going on a date and being open to desired level of intimacy

Menu ekspozycyjne bazujące na wartościach

31

Values-based willingness menu

Obsessions:

(1) Fear of being incapacitated

(triggers/cues: sleeping difficulties, listening about his dad, feeling down, having a wrong feeling, having non-schedule time.

(2) Fear of becoming alienated from family

(triggers/cues: when feeling too anxious)

Values-based exposure practices

What exposure exercises can we do in the service of your values?

Giving a lecture and focusing on my students so I can be engaging when teaching

Asking Alex three questions when goes on and on about his day so I can connect with him.

Fixing the roof in the house so I can be a protective father

Waking up earlier than the usual time so I can be in contact with nature.

Listening an imaginal script about becoming incapacitated because of sleeping difficulties so I can be present with my wife Kelly and my kids instead of being present with my thoughts.

Thinking about dad's depression and dad's suicide

Miks pomiędzy ekspozycjami

W wyobraźni

Sytuacyjną

Interoceptywną

Ekspozycja bazująca na wartościach między sesjami

32



ACT: EXPOSURE PRACTICE SHEET

Name: _____

Date: _____

What do I value enough to get out of my safety zone and choose a values-based exposure? ☐

What am I committed to do for my values-based exposure this week?
(what, where, when, for how long)

How
important is it
for me?
(0 - 10)

How did it go?
Did I get closer or far away from my values?

Sesja ekspozycji ACT

33



ACT: Exposure Coaching Practice Form (for therapists)

Name: _____ Date: _____

What's my core fear/obsession?

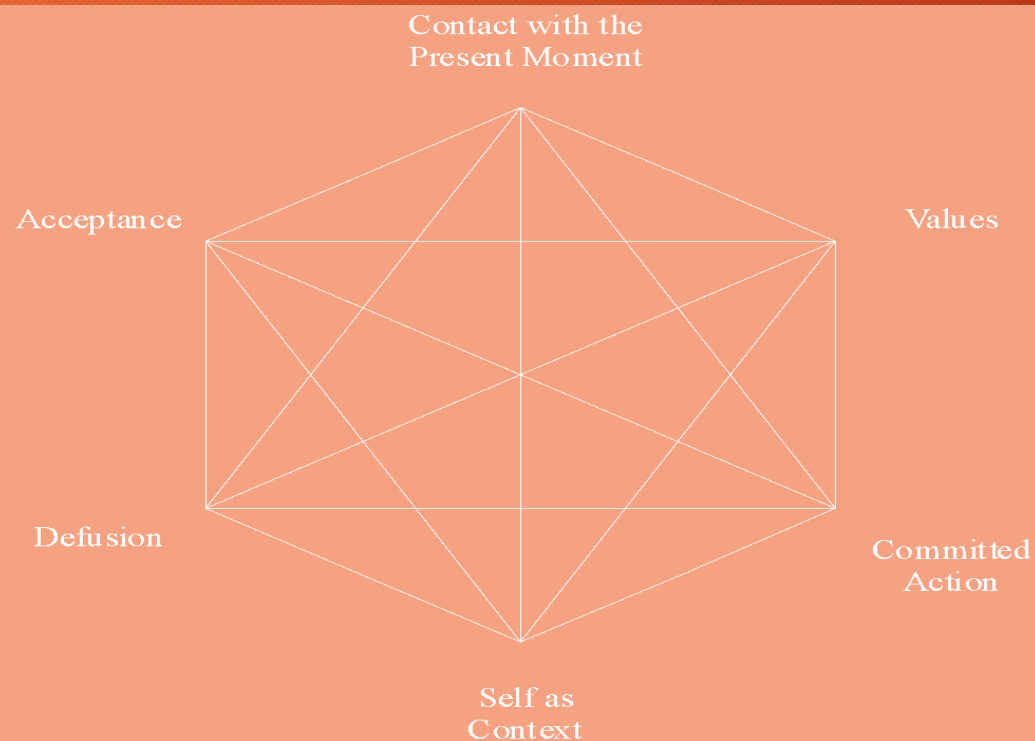
What do I usually do when having these obsessions?

How has these compulsions/avoidance affected my life?

What really matters to me when doing this exposure exercise?

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

Trials	Exposure Activity	Willingness



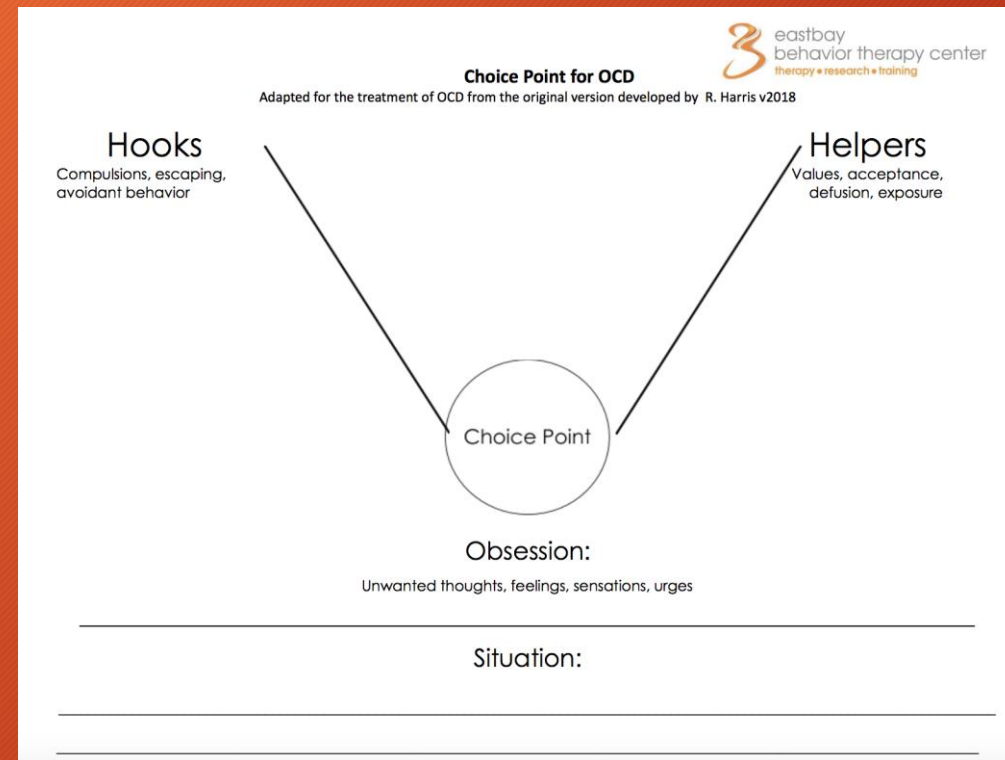
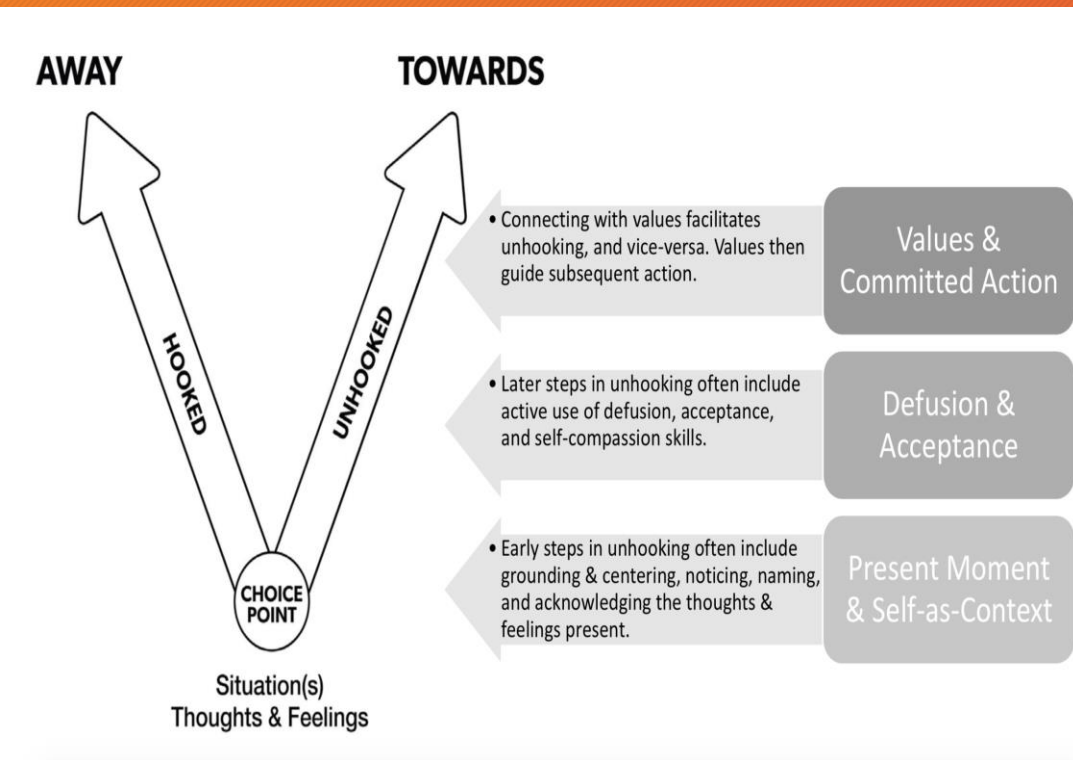
ACT - exposure frame

34

- Kroki 1: określenie swoich “dlaczego” (bazując na ćwiartce z wartościami/drabince)
- Krok 2: wybranie bazujących na wartościach ćwiczeń związanych z ekspozycją (sytuacyjne, interoceptywne, wyobrażone)
- Krok 3: planowanie bazujących na wartościach ćwiczeń związanych z ekspozycją (inna nazwa?)
- Krok 4: Wprowadź różnorodność! (różnorodność ekspozycji)
- Krok 5: Wyrzuć chodzenie o bezpiecznych kulach!
- Krok 6: Rób to, co masz znaczenie - nogami, rękami, buzią!

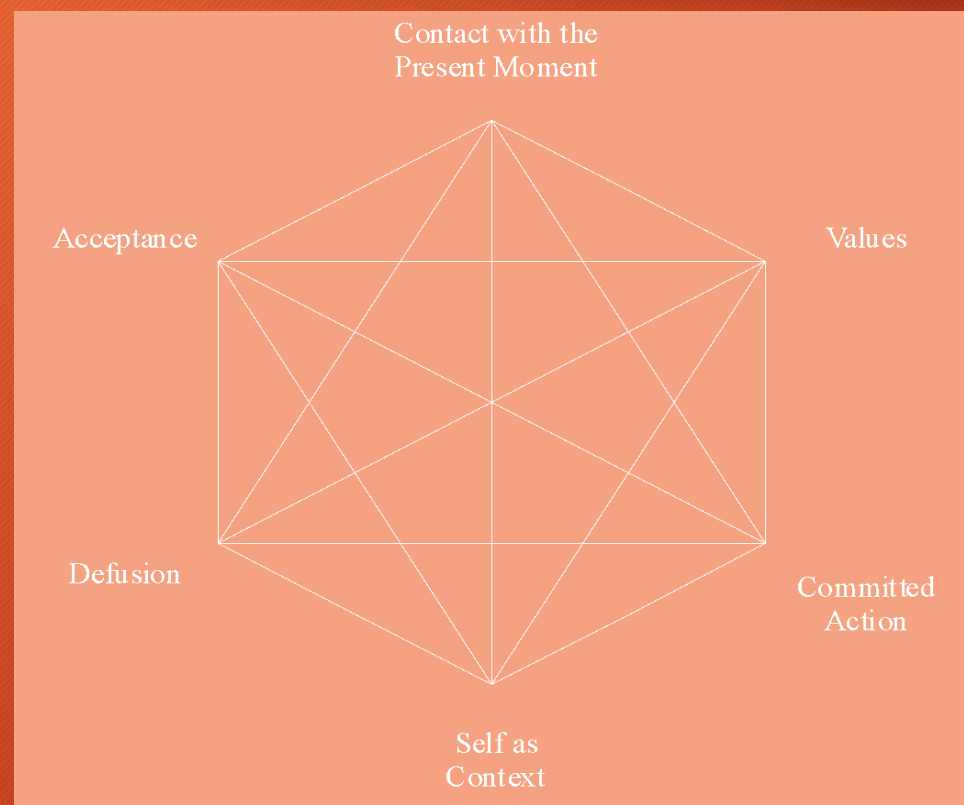
Moment wyboru w pediatrycznym OCD

35



Moment wyboru w pediatrycznym OCD

36



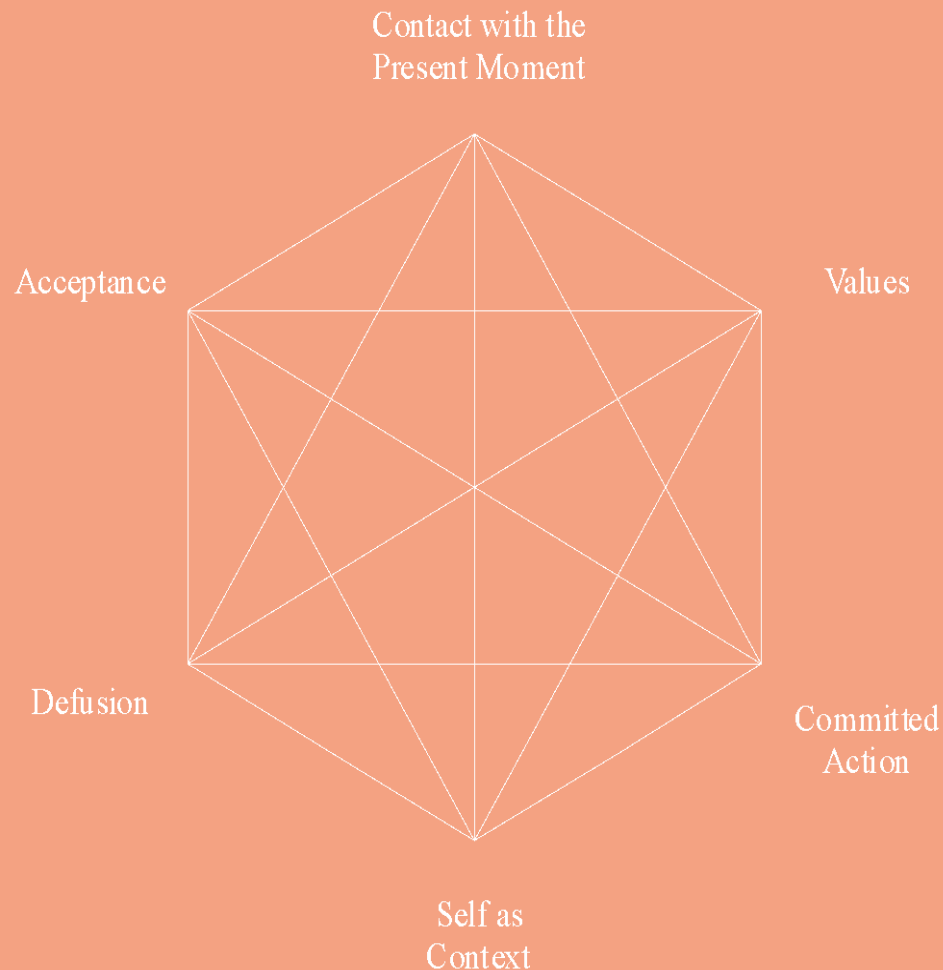
Kiedy idzie źle

37

Sesja ekspozycji ACT

38

Procesy
akceptacji i
uważności



Procesy
zaangażowania
oraz zmiany
zachowania