

ACT for Eating Disorders of Maladaptive Weight Control

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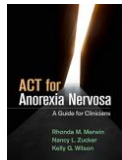
Peer-Reviewed ACT Trainer

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Disclosures

- Research funding from NIH
- Receive royalties for a book on ACT for anorexia nervosa from Guilford Press
- Duke SOM faculty



Plan / Objectives

- Orientation to the ACT model.
- State of the evidence.
- Key elements of ED case formulation and intervention from an ACT perspective.

Scope

- Focus on eating and feeding disorders with maladaptive weight control as a central feature (i.e., anorexia and bulimia nervosa spectrum).
- **We will only cover the elements specific to ACT**, although treatment is **informed by empirically-based models of EDs** (e.g., dual pathway) and **empirically-based clinical practice** (e.g., multi-disciplinary team, family tx for children and adolescents, structure/meal planning, exposure to feared foods, training appetite awareness, behavior mgmt strategies - using contingencies, stimulus control, etc.)***these elements are situated within an ACT frame.**
- Most of the talk will be principle and process-focused, although a few key interventions will be named.

What is ACT?

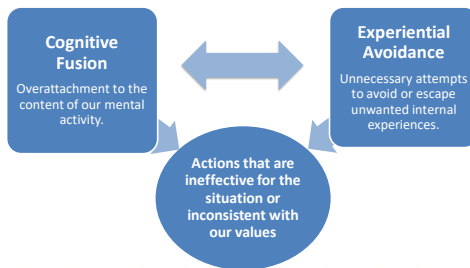
- ACT is a third-wave CBT.
- It focuses on acceptance, mindfulness and values.
- ACT does not aim to change thoughts/feelings themselves (at the content level), but rather how individuals relate to their internal experiences.
- The goal is valued, vital living in the presence of any and all thoughts and feelings.

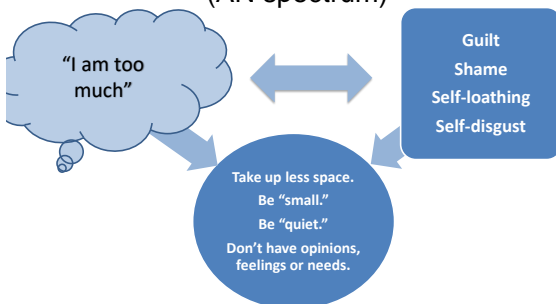
From this perspective...

- What the mind does is "normal"
 - Comparison/evaluation, rules, prediction, orientation to threat
 - Capacity for words to stand in for things (the more basic building block of language and cognition), and exert control over behavior
- Adaptive and it increases our suffering
- The key is to harness language (for us to "have it," instead of it "having us"), such that it guides action when this is workable for the situation and our values.

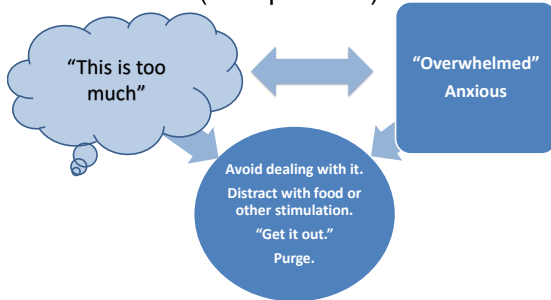


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ED example (BN spectrum)



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Attachment and Aversion (Psychological *in*flexibility)

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Psychological flexibility

The ability to contact the present moment, fully and without defense (as it is, and not as what it says it is), and cease or persist in behaviors that would be effective given our values and what the environment affords.

Intervention strategy

- Create contexts in which the unhelpful functions are diminished.
 - Defuse/deliteralize language
 - Experiential willingness
- Flexible and effective
 - Better able to behave in ways that are effective for the situation and consistent with personal values.



Awaken



Allow



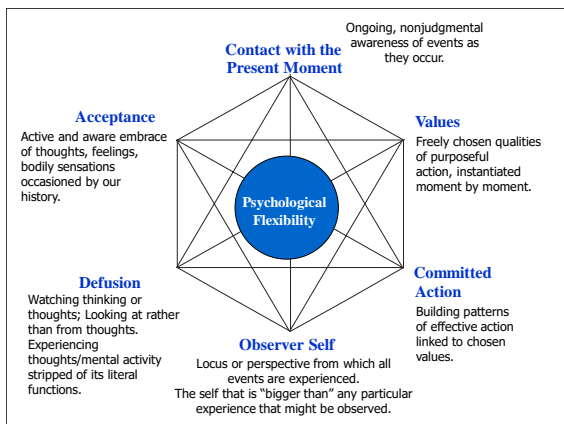
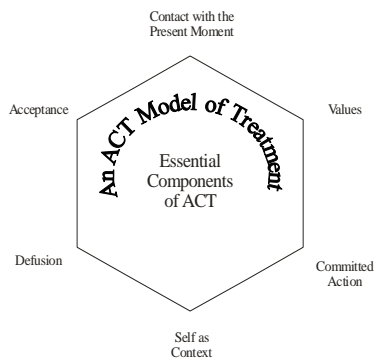
Values point
the way

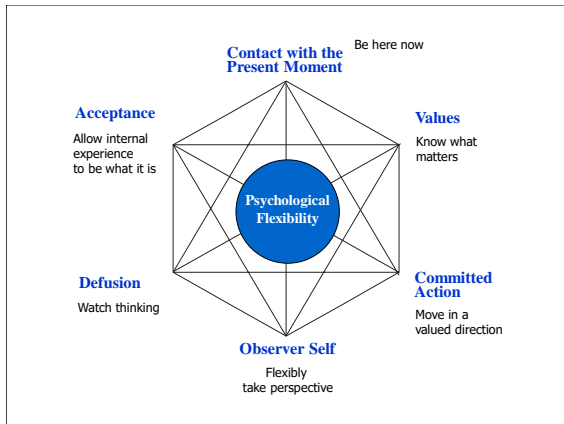
Between stimulus and
response there is a
space. In that space is
our power to choose
our response. In our
response lies our
growth and our
freedom.

- Viktor E. Frankl



- **Thoughts/feelings are not evaluated** (on truth/validity or any other dimension).
- **Workability of responses** is the metric:
 - “Does **listening** to the thought take you where you want to go?”
 - “Does that action build your life out or narrow it down?”





State of the Evidence

- ~600 RCTs supporting the use of ACT with a wide array of clinical problems
- ED trials still limited, but positive
- Feb 2022: Systematic review of PubMed & PsychINFO (excludes obesity, prevention etc.)
 - 23 intervention studies (Total $N=729$)
 - The majority of studies were with adults with AN (10), but mostly smaller studies
 - 6 randomized clinical trials (RCTs)
 - AN, BN, BED, mixed clinical (2), subthreshold

Key elements of
ED case formulation and treatment
from an ACT perspective

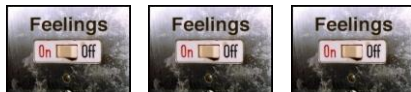
ACT case formulation

- Cornerstone is functional assessment
- How does the ED (dieting, focusing on the body, eating or weight etc.) or ED behavior function or feel as though it helps the individual?



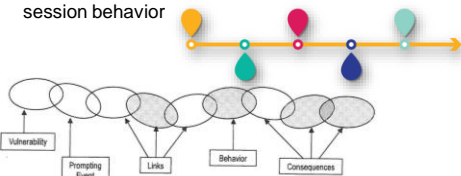
Thinking functionally

- How does it change the individual's experience **from less to more preferred**?
- How does it seem as though it improves their situation?
- What desirable experiences does it give?
- What painful experiences does it take away?



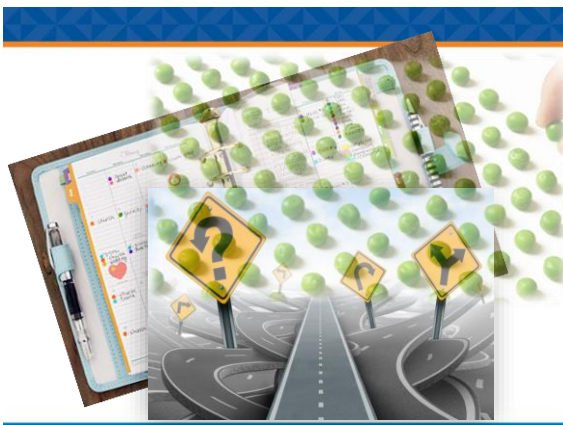
Functional assessment

- Formulate hypotheses by understanding the context in which the behaviors emerge
 - Historical
 - Situational
- Tools: Timeline, chain analyses, diary cards, in-session behavior



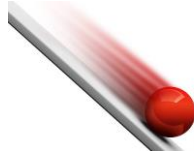




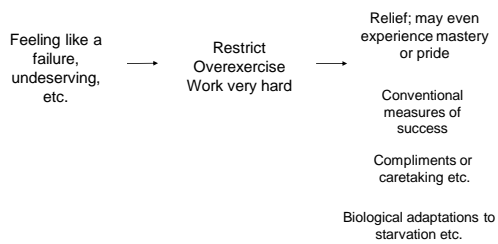


The trap

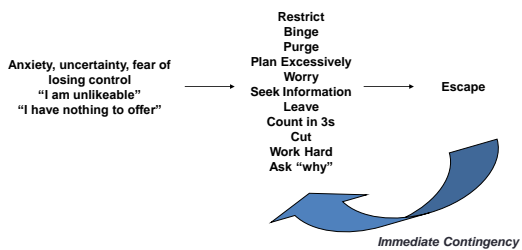
- ED behaviors are both negatively and positively reinforced (intra, inter and socio-cultural).
- Additional maintaining factors.



Initiating and maintaining factors



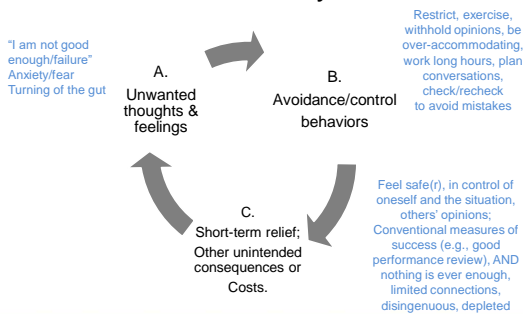
One component of a functional class of behavior



Acceptance (or willingness)

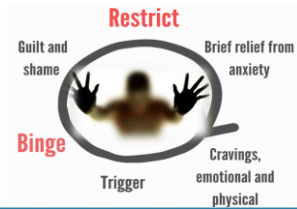
- What they are doing is working for some things (e.g., short-term relief pain)
- It is not working for other things (values and life vitality).

Draw out the system



Creative hopelessness

- Make contact with the **unworkability** of avoidance/control for valued, vital living.
 - Not about convincing, densely experiential
 - Focus on now



Some examples

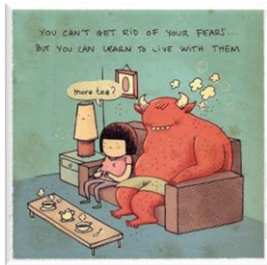
- “Do you have the sense that nothing is ever enough...?”
- “And when you are focused on eating/body, what happens to your awareness of other things...?”
- “Do you sense a kind of a tedium...in counting everything...?”
- Paradoxical increases in unwanted events
 - “It seems the more you try to run from “fat,” the more life has become all about fat...?”
 - “And the more you try not to think about chocolate cake, the more you do...?”

Offering an alternative

- What if the way out is in?
- Allowing experience to be what it is; Unmuted by starvation, without needing to stuff or purge feelings, etc.

***Willing is not the same as wanting or liking





- Titrate exposure to feeling (similar to expanding the "window of tolerance").
- Easier said than done: attachment to avoidance/control and the ED as a solution.
- Have to separate the individual from the ED, create a little space

Separate the individual from the ED (defusion/SAC)

- Externalizing language
 - "AN was there when you needed it most... like a friend you could count on..."
- Gifts of the ED
 - "The ED gave you a gift...shifted your attention away...and it was just about the next bite"
- Monitor ED "volume" or "ED mind" (train indiv to notice variation in the intensity of ED thoughts/feelings & context).
- Frame of distinction
 - "It is nice to see *you*."



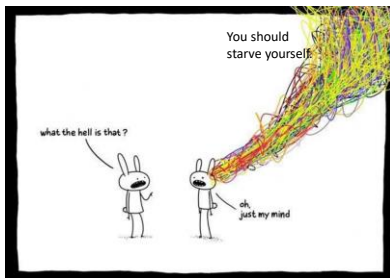
the self emerges



"I am worthless."

"I am having the thought that I am worthless."

"I notice that I am having the thought that I am worthless."



Hooked by "mind"
vs.
Present and aware



Values

- Something worth the risk of letting go (and feeling hard things).
- A guiding light. A direction to travel.



Values authorship

- Values conversations start early...
 - "I know what is hard for you... I know what causes you pain. What I don't know what you care about most deeply..." "IDK... do you want to know?"
 - "I know that you "value" thinness... but I don't know what is driving that... like, what is it that is underneath that? Is there something that you are "caring about" ...that these things promise to deliver?"
- Deepens over time – as open up to feelings and come to know oneself.

Choice points

Doing what feels
"better" in the
moment / the ED
path



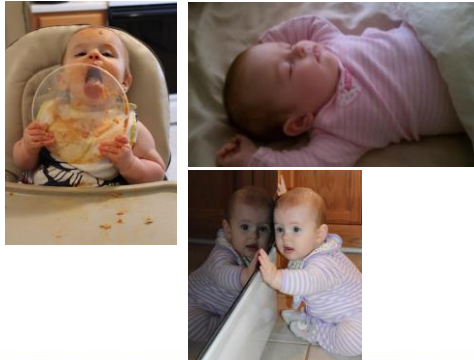
Valued vital living
in the presence of
any and all
thoughts and
feelings

- As build broader patterns of activity **connected to personal values** =incompatible with an ED
- Begin to elaborate a sense of self beyond outward appearance (what others can “see”).

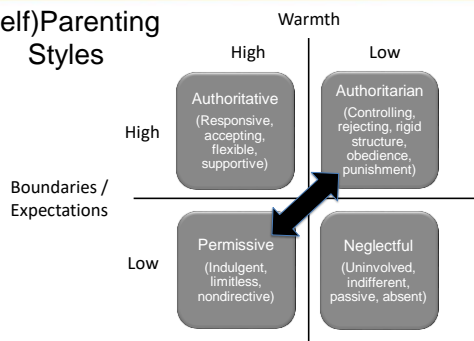
- **Thinness, perfectionism, control are not values (as defined in ACT).**
- Rigid; aversive control, not flexible and free

Self-parenting metaphor

- Summarizes ACT processes and key shifts in ED treatment.
- EDs as rigid/abusive, neglectful or permissive self-parenting.
- Cue an alternative behavioral repertoire (kind, attuned).



(Self)Parenting Styles



Final Q&A

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