

## Treating Eating Disorders with Acceptance and Values Based Approaches

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## Model of ED Maintenance

- Outlying psychobiology
  - Anxious, harm avoidant, perfectionistic
  - Reward over or under activity, novelty seeking
  - Neurocognitive processing
    - Inability to see the “big picture”
    - Inflexibility in thinking
- Experiential avoidance
  - Private mental experiences are avoided
    - Starvation reinforces
    - Binge/purge reinforces

## Model of ED Maintenance

- Pro-eating disorder beliefs
  - Overvaluation of shape, weight and their control
  - Overvaluation of control in general
  - Fusion with these beliefs
- Responses of close others
  - High expressed emotion
  - Reinforcement of the expressive and defensive functions of the eating disorder



## Trait Optimization

- Recurrent characteristic traits of ED patients
  - High harm avoidant temperaments
  - Over or under reward sensitivity
  - Low self-directedness
  - Low central coherence (misses the “big picture”)
  - Impairment of reinforcement learning (inflexibility)
  - Poor reflective function
- Other traits (impersistence, low reward dependence, etc.)

## Newer Strategies for IP/RES Treatment of Eating Disorders



- Cognitive Remediation Therapy
- Dialectical Behavior Therapy
- Acceptance and Commitment Therapy



**We will focus on ACT today**

## Insight does not create behavioral change, behavioral change creates behavioral change.



**Why ACT?**  
 ACT processes target all the major maintaining factors of eating disorders we mentioned.

Our goal is to create behavioral change while in treatment through exposure therapy and experiential acceptance.

We help our patients accept that to live their valued lives, there will be pain. And when they try to control this, they are moving away from living a life that is rich and meaningful for them.

## Brief History of ACT

ACT is a 3<sup>rd</sup> generation behavioral therapy





1<sup>st</sup> generation behavioral therapy: Operant/Response  
 Looked at how to influence "Public" (what can be seen) behavior



2<sup>nd</sup> generation: added in how "Private" events, thoughts and feelings, influence behavior. Focus is on how to change thoughts to change behavior.



3<sup>rd</sup> generation: Moves focus away from "changing cognitions" and onto how to **live a valued life in the presence of those thoughts and feelings.**

## The Underpinnings of ACT



- Functional Contextualism
- Relational Frame Theory



## A Brief Illustration



## Contextual Control



- Means transforming the function of a stimulus by changing its context
- The meaning of words is an arbitrary process which is controlled by contextual cues
- For example, the word “fat” has either a good or bad connotation depending on the context of its use.



## “Fat” = Good



- Food is savory
- The brain is 80% fat/lipid
- Fatty acids are the building blocks for substances serving intracellular communication
- Fats are the reservoirs of energy when food is scarce
- Fats give the smooth and rounded shape associated with femaleness

## “Fat” = Bad



- Social discrimination
- Coronary artery disease
- Pro-inflammatory state of the body
- Excessive body weight
- A “feeling” of shame
- Lack of personal control

## Nickel vs. Dime

**Physical Context**



**Verbal Context**



**"PERRO"**  
(he doesn't understand)

**"PERRO" = "DOG"**



## Language and the Mind

Humans use language in two domains

**Public:** this includes speaking, talking, gesturing, writing, painting, singing, acting, and so on

**Private:** this includes thinking, imagining, daydreaming, planning, visualizing, analyzing, worrying, fantasizing, and so on (cognition)



## Mad Monkey Mind



Your mind is not your friend! (or your enemy)

ACT regards the mind as a double-edged sword.

It does many things well, but if we don't learn how to handle it effectively, it will hurt us.

## The BRIGHT side of how your mind uses language



Plan  
Predict  
Share information  
Learn  
Imagine  
Communicate  
Set rules and laws to form community.



## The DARK side of how your mind uses language



Manipulate  
Deceive  
Slander  
Judge  
Criticize  
Dwell on and relive painful events from the past  
Forecast the future in ways that are limiting



## Three Riders of the Apocalypse

- FUSION
- AVOIDANCE
- INFLEXIBLE ATTENTION

## Fused with the Thought

- Confusing thoughts and feelings with external reality
- Looking *from* your thoughts rather than *at* your thoughts
- Overattachment to the contents of mental activity

## Avoiding the Pain



Our minds are good at jumping into the past or worrying about the future. Thanks to our excellent minds, even the happiest of humans will have significant pain in their lives.

ACT teaches people skills to handle pain more effectively, and to not spend our lives engaged in “Emotional Avoidance”.

## Trapped in Rule-Governed Behavior

- Verbal rules about how we are to behave and what will happen if we follow the rules constrict our lives.
- Verbal rules separate us from direct experience of life.
- They contribute to inflexible attention

## The ACT or Self-Directedness Question

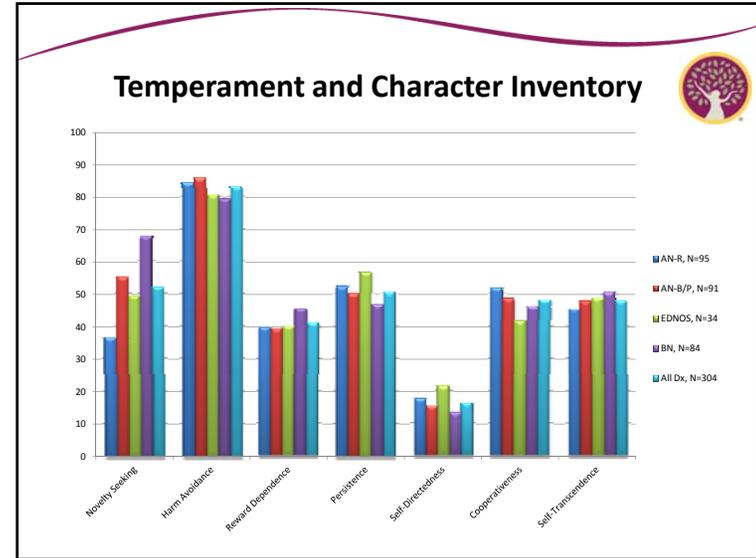


- Given a distinction between you and the things you are struggling with and trying to change, are you willing to experience those things, fully and without defense, as it is and not as it says it is, *and* do what works for you in this time and situation?




## The Passengers on the Bus Metaphor

Hayes, Strosahl, Wilson, 1999




## Two Treatment Questions of ACT

- In what direction do you want to go? (motivation)
- What stands in your way? (Private events as hindrances)



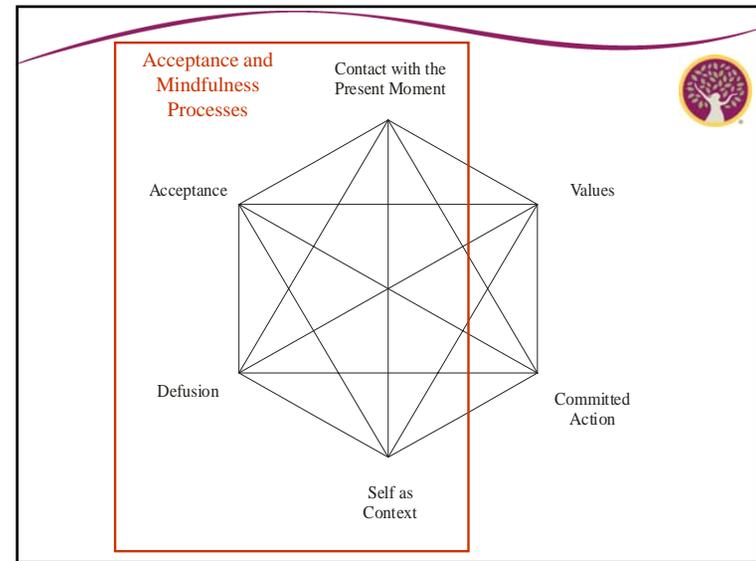
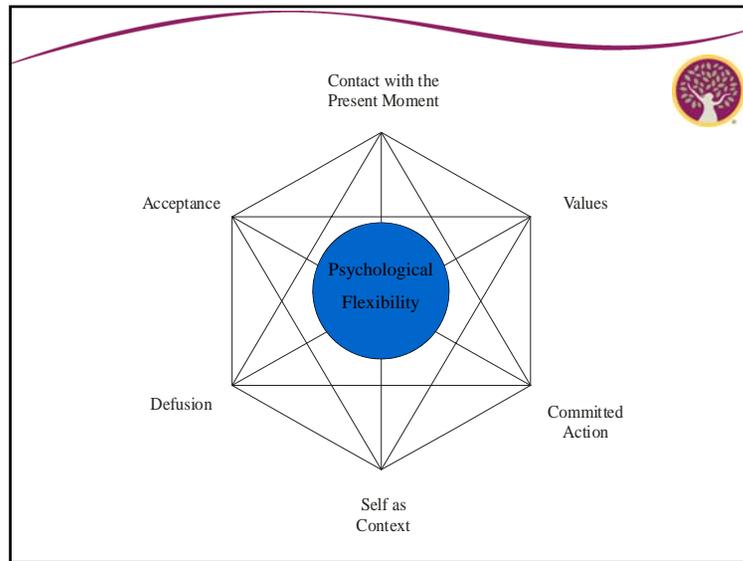
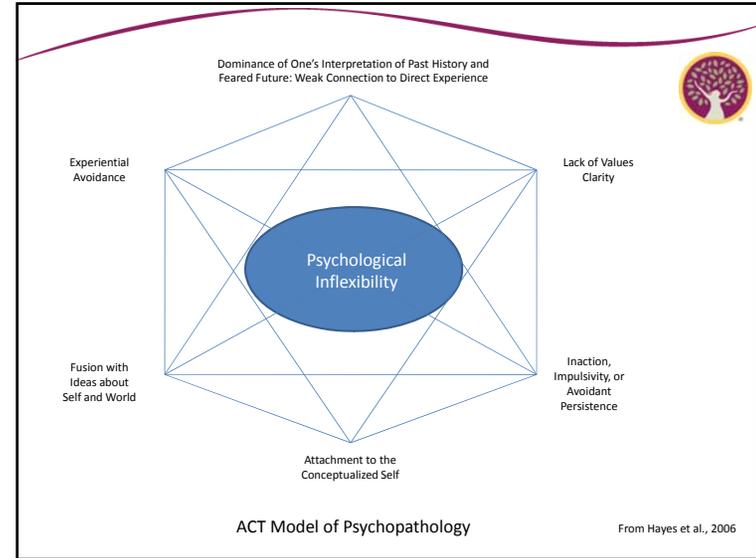

## The Goal of ACT

To create a rich and meaningful life, while accepting the pain that inevitably goes with it.

*Life is Suffering - Buddha*

## How ACT works

- A= Accept your thoughts and feelings, and be present
- C= Choose a valued direction
- T= Take Action



6 Core Processes of ACT, in no particular order  
**Present Moment \* Mindfulness**



**Stuck in the past  
or future tripping**

Thanks to our wonderful minds and language, humans can suffer and experience pain even on the most happy of days. We can have a memory that pulls us out of the moment, or we can begin to worry about something in the future that keeps us from experiencing and enjoying the present moment. We can begin to judge ourselves or others, or we might find ourselves comparing.



6 Core Processes of ACT, in no particular order  
**Acceptance \* Opening up to what is**

- Painful feelings
- Urges
- Sensations
- Emotions



6 Core Processes of ACT, in no particular order  
**Defusion \* Stepping Back**



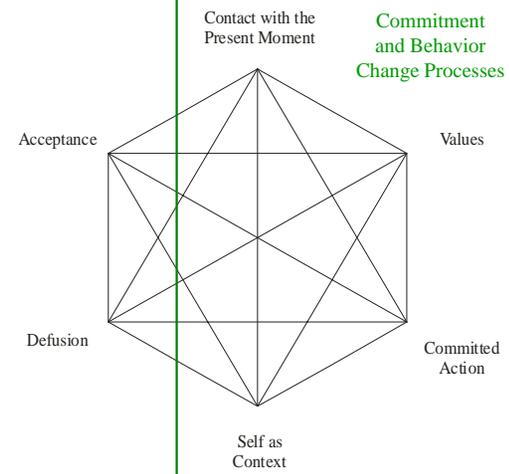
## Fusion

- A process by which verbal events exert strong stimulus control over how an individual responds behaviorally
- A kind of verbal dominance in behavior regulation
- We respond to our mental constructions as though we are responding directly to a physical situation

6 Core Processes of ACT, in no particular order  
**Self as context** ✨ **Thinking Self & Observing Self**



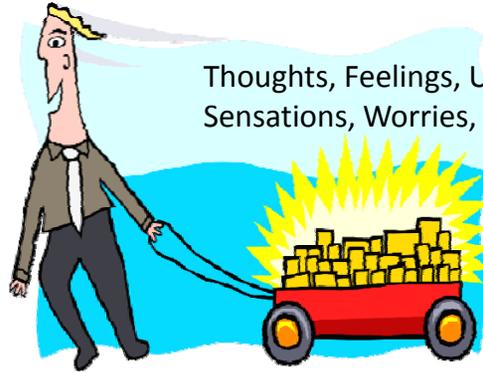
## Chessboard Metaphor



6 core process of ACT, in no particular order  
**Values** ✨ **Know what matters**




6 core process of ACT, in no particular order  
**Committed Action** ✨ **Do what it takes**



Thoughts, Feelings, Urges,  
Sensations, Worries, Fears



**An ACT-Based Treatment Plan**



Strategy	Description
Assess from a Values Perspective	How has your ED interfered with your life goals? What stories, thoughts, memories are you fused with?
Values Assessment	Each patient completes the Valued Living Questionnaire.
Confront the Agenda	Help patients see how their effort for change or eliminating are not effective (creative hopelessness).
Defusion	Help the patient gain some perspective on how their mind sends them messages. Learn how to let go of thoughts.
Mindfulness	Skills for helping patients be present to the moment and their feelings. SLOW
Acceptance	How to take what you feel with you in service of your rich and valued life.
Committed Action	Setting goals to achieve you valued life and breaking them down into daily actions.

	Possibility	Current Importance	Overall Importance	Action	Satisfaction with Action	Concern
1. Family (other than couples or parenting)						
2. Marriage/ Couples/ Intimate Relation						
3. Parenting						
4. Friends/ Social Life						
5. Work						
6. Education/ Training						
7. Recreation/ Fun						
8. Spirituality						
9. Community Life						
10. Physical Self-Care (diet/ exercise/ sleep)						
11. The Environment (caring for the planet)						
12. Aesthetics (art, music, literature, beauty)						

## Getting started: Values



*Define your rich and meaningful life*

Our patients do a values assessment at the beginning of treatment.

- All work throughout treatment focuses on: Does this thought, or this behavior, move you toward or away from your valued life?
- The goal is not whether a thought is true or false. Only if it is “workable”, meaning that it works to move a person toward their values.

## Challenging the Agenda

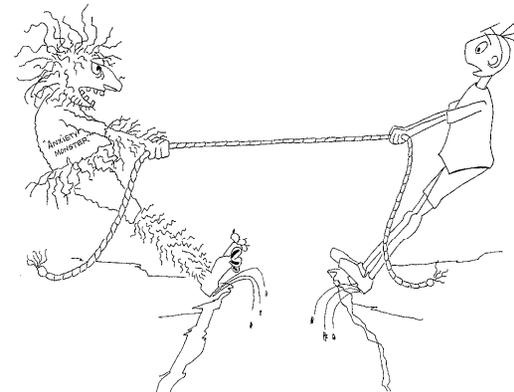


- Often our next step is to “challenge the agenda”. This means to help the patient challenge their agenda for eliminating painful feelings before they can engage in their valued life.
- The method for this is creative hopelessness: to take a detailed history of what the patient has already tried in service of changing their difficult thoughts or feelings. This is done with great respect and empathy, and helps the patient see that their “change” agenda has been tried and the thoughts are with them still.
- We highlight how all their hard work to avoid painful thoughts and feeling has actually created more pain and struggle in their lives.
- We then invite them to learn a skill set that allows them to move toward their valued life, even if these thoughts and feeling do not change.

## The Metaphor of Quicksand



## Tug of War Metaphor



## Defusion



Eating Disordered patients are often tightly fused with ideas of body size/image/food, or with thoughts of the past, or fears of the future.

We incorporate psycho education about how our minds have evolved to think negatively. We've inherited fear-based hyper watcher minds from our ancestors telling us, "Watch out, don't get killed." Our mind is a "don't get killed" machine.

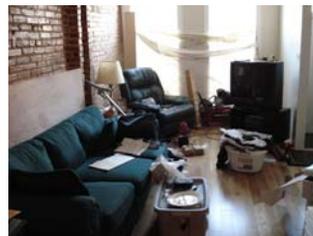
- I'm having the thought that.....(I am not good enough)
- So, what is your mind telling you now?
- Notice what your mind is doing right now
- Meditation-leaves on the stream
- Metaphor-clouds drifting by

## Mindfulness



- Mindfulness is the tool for many of the goals we have in treating patients with eating disorders.
- Slowing down the thoughts/mind for anxiety management.
- Helping the patient to enter the present moment.
- Creating space to bring the observing self onboard.

## The House and Furniture Metaphor



## Getting to Acceptance



Acceptance is not resignation, gritting your teeth and getting through, putting up with it, or even liking it.

Acceptance is allowing ourselves to have our private painful experiences if and when doing so enable us to act on our values.

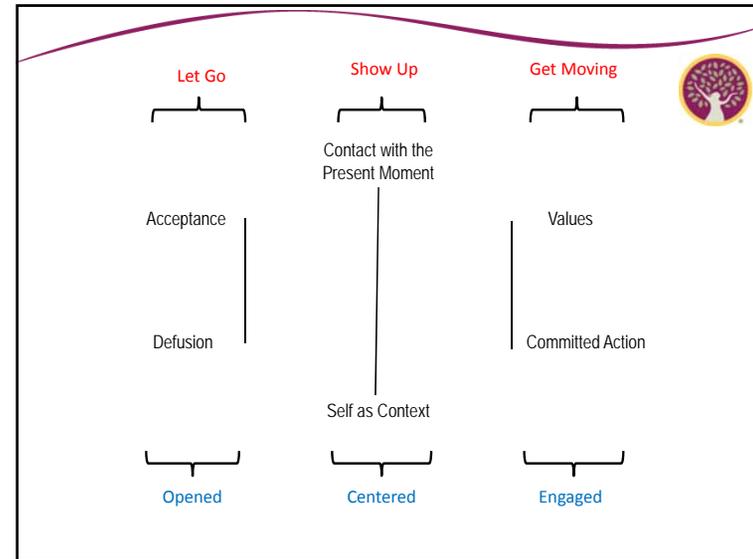
NOTICE AND BREATHE  
ALLOW

Drop the rope

## Committed Action: Do what it takes

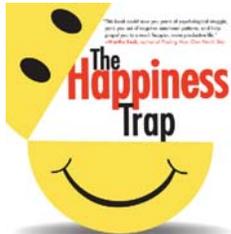
- Putting committed action into place in treatment
  - At the meal
  - In therapy sessions
  - In groups
  - In the family visit

Committed action means taking larger and larger patterns of effective action, guided and motivated by values. Using our values to set goals, and break those goals into specific actions.

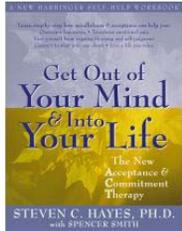


## Resources

<http://www.thehappinesstrap.com/>



**The Happiness Trap**  
How to Stop Struggling and Start Living  
A guide to ACT: the mindfulness-based program for reducing stress, overcoming fear, and creating a rich and meaningful life.  
FORWARDED BY RUSSELL HARRIS, Steven Hayes, PhD



**Get Out of Your Mind & Into Your Life**  
The New Acceptance & Commitment Therapy  
STEVEN C. HAYES, PH.D.  
with SPENCER SMITH

*"Will forever change the way we understand ourselves and our relationships."*  
— Alan Watts, PhD, author of *Way Zen* and *Zen and the Art of Living*



**mindsight**  
THE NEW SCIENCE OF PERSONAL TRANSFORMATION  
Daniel J. Siegel, M.D.  
Foreword by DANIEL GOLEMAN, author of *Emotional Intelligence*

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