

Acceptance and Commitment Therapy for Eating Disorders
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~Special Summary in Preparation for our October 14th Quarterly Event~

As eating disorder professionals, we are all too aware of the fact that eating disorders are among the most difficult psychiatric disorders to treat. There are few empirically supported treatments to guide therapists working with eating disorders. Acceptance and Commitment Therapy (ACT) is emerging as a promising treatment. On October 14, IAEDP-NY will host our quarterly event about ACT. This will be an amazing opportunity to learn about this innovative treatment from one of the field's leading professionals.

For this month's research summary, we are reviewing an article (Juarascio et al, 2013) describing one of the first manualized ACT protocols to undergo empirical evaluation for the treatment of eating disorders. This group program consists of eight 75-minute sessions incorporating key features of ACT adapted to the treatment of eating disorders. The manual was developed for use in a residential setting but could be adapted for other treatment settings. It is designed as a complement to "treatment as usual," rather than a stand-alone eating disorder treatment. The researchers found that the more interactive that the group was, the more engaged patients became in treatment. They also suggest diagnosis-specific groups so that examples can be used that will be relevant to most group members. However, the group treatment is designed for use with different types of eating pathologies.

Below, I will review some of the key concepts included in the ACT group treatment. The original research article outlines the content in each session (Juarascio et, 2013). I'm hoping this summary may serve as an introduction to ACT terminology for those of us not familiar with ACT language and help us prepare for the October Quarterly event where we'll delve more deeply into the ACT.

Psychological Flexibility-this is the main goal of ACT and refers to the ability to persist or change behaviors in the pursuit of goals and values even when doing so brings a person into contact with aversive internal experiences.

Experiential Acceptance (vs. Experiential Avoidance)-Eating disorder behaviors are conceptualized in ACT treatment as coping mechanisms that help individuals avoid distressing thoughts, feelings, and sensations. The ACT group treatment protocol focuses on helping patients connect their eating disorder behaviors to the desire to avoid certain uncomfortable thoughts, feelings, and bodily sensations and increase their willingness to experience distress in the service of behavior change.

Defusion- the process of achieving psychological distance from thoughts, feelings, and urges. Treatment emphasizes ways in which efforts to eliminate or avoid uncomfortable thoughts, feelings, and urges (*experiential avoidance*) are rarely effective in the long-term and can paradoxically worsen distress.

Awareness-mindful awareness involves increasing awareness of thoughts, feelings, and sensations. It also involves increasing awareness of personal values and using these values to guide behavior. Awareness may be helpful in treating alexithymia (difficulty identifying and describing feelings), common in patients struggling with eating disorders.

Willingness- an active process of making behavioral choices consistent with living a more valued life despite distressing internal experiences.

Self-As-Context/Observing Self- a sense of self that can have a variety of thoughts and feelings without allowing these internal experiences to define who one is as a person or how one should behave. This helps in the treatment of ego-syntonic eating disorder symptoms in which patients believe that the eating disorder is an essential part of the self.

Values and Committed Action- Treatment attempts to increase patient's clarity about what it is they truly value, examine the ways in which their eating disorder conflicts with these values, and take steps towards behaving consistently with valued areas of life. One of the goals of ACT treatment is to foster flexibility in the patient's behavior so that s/he can behave consistently with her chosen values, as opposed to becoming locked into a pattern of behavior that is maintained by the desire to avoid distress and remain consistent with a conceptualized self-image, so that patients can live a more valued and meaningful life. Patients are encouraged to write down a list of their most important values and keep it with them throughout treatment and review it during challenging moments. They are asked to develop value-consistent goals for treatment.

Does ACT work? Results from a study evaluating this group treatment were published in another article (Juarascio et al, 2013) but described briefly in this paper. Results indicate that there was a trend (not statistically significant) towards larger decreases in eating pathology among patients receiving treatment-as-usual (TAU) and ACT when compared to patients who received TAU alone. There was also a trend towards patients who received ACT treatment having lower rates of re-hospitalization in the 6-months following discharge. The authors note that additional research is needed to evaluate the program in methodologically rigorous trials.

Did this research summary pique your interest? Come learn more about ACT at our quarterly event on October 14th!

Reference:

Juarascio A, Shaw J, Forman E, Timko C, Herbert J, Butryn M, Lowe M (2013).
Acceptance and Commitment Therapy for Eating Disorders: Clinical Applications of
a Group Treatment. *Journal of Contextual Behavioral Science*, 85-94.