

# ACT-Informed Exposure for Social Anxiety

National Social Anxiety Center

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# INTRODUCTION

Brian Pilecki, PhD

- Anxiety Clinic
- Portland Psychotherapy
- Clinical Trial of MDMA-Assisted Therapy for SAD

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PORTLAND  
PSYCHOTHERAPY  
clinic | research | training



# Objectives

1. Describe how to use an ACT lens in delivering exposure therapy in the treatment of social anxiety
2. Highlight several benefits of using an ACT approach.

## ACT-Informed Exposure *for* Anxiety

CREATING EFFECTIVE, INNOVATIVE  
& VALUES-BASED EXPOSURES USING  
ACCEPTANCE & COMMITMENT THERAPY

**Brian L. Thompson, PhD**

**Brian C. Pilecki, PhD**


**Joanne C. Chan, PsyD**

Foreword by **Steven C. Hayes, PhD**




ACT & CBT





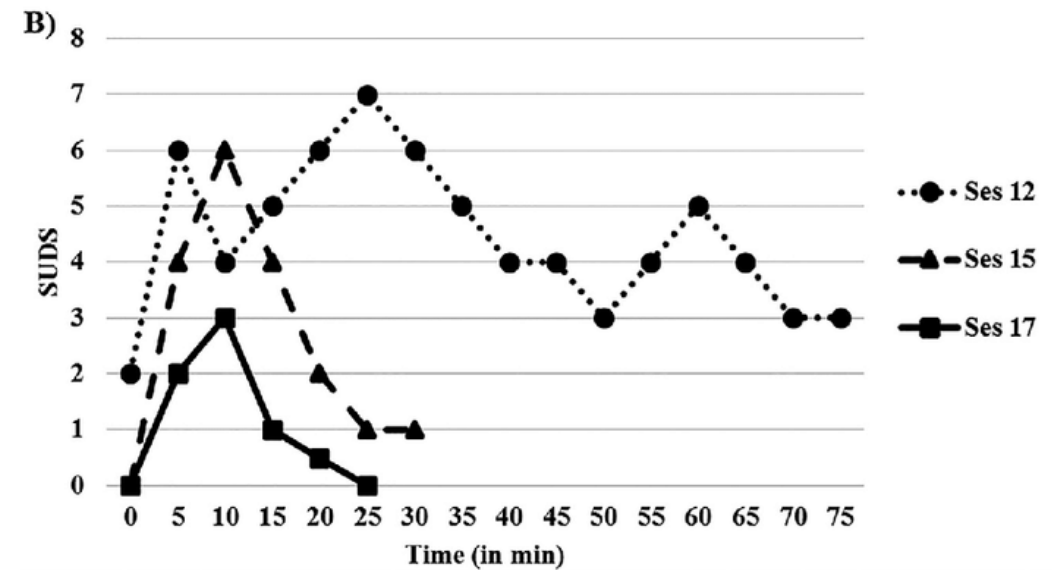
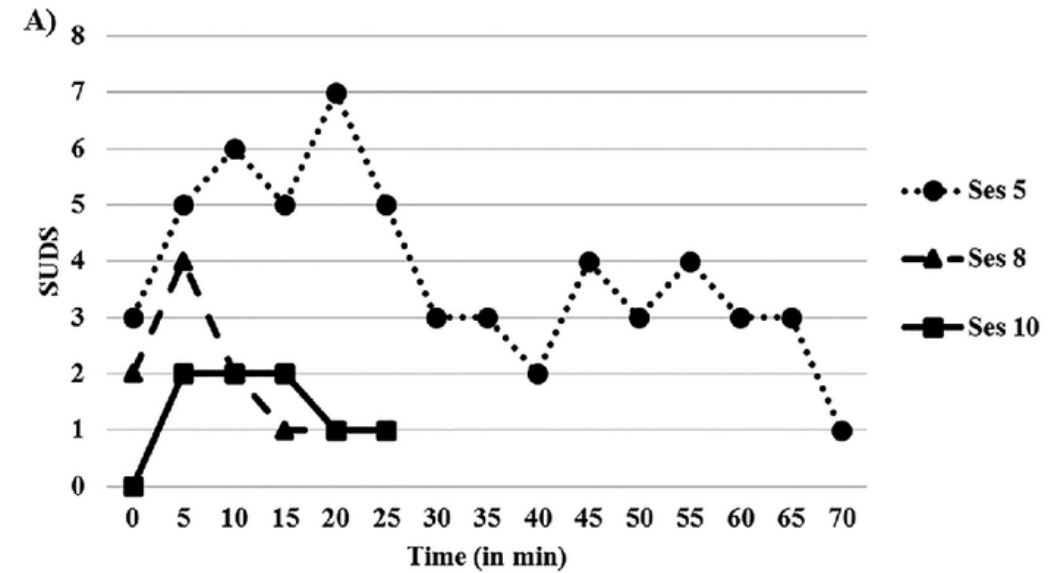
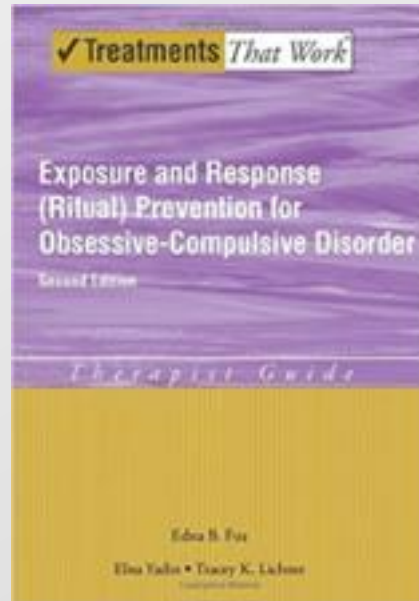
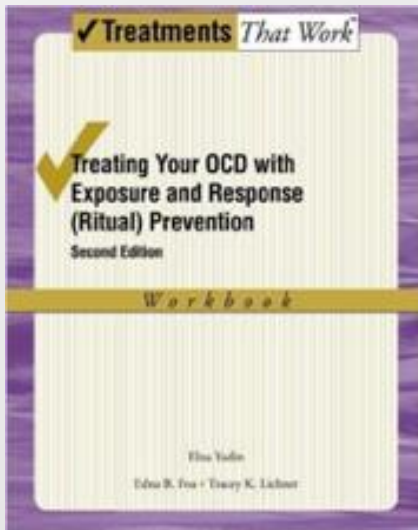
# Traditional exposure may be an easier sell

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- “Symptom reduction? Yes, please!”
  - “Stay in the exposure until you stop feeling anxious! That makes sense!”
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# Habituation

(e.g., symptom reduction)



# Traditional CBT moving away from habituation...

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- Within-session habituation unrelated to outcome (Jaycox et al., 1998; van Minnen & Foa, 2006)
  - Suggests limited support for between-session habituation (Craske et al., 2008)
  - Learning occurs without habituation (Baker et al, 2010; Craske et al, 2008; Kircanski, et al, 2012)

**Our view: changes in distress can be useful as a crude, indirect measure of psychological flexibility but does not require the emphasis of traditional exposure**



# ACT may be confusing

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- “I don’t want to accept.”
- “My last therapist told me to ‘just accept it’”
- “You keep asking me about what I value. I can’t think of what’s important to me. I just want to stop feeling anxious.”

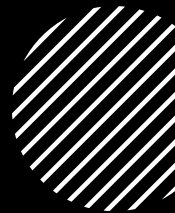
*ACT concepts can be tricky for **therapists** to learn!*







ACT-  
informed  
exposure  
vs  
traditional  
exposure



No significant difference in clinical outcomes (Arch et al., 2012; Craske Niles, et al., 2014; Twohig et al., 2018)

No significant difference in dropouts (Arch et al., 2021; Twohig et al., 2018)

Traditional exposure appears to increase psychological flexibility as much as ACT-informed exposure (Arch et al., 2012; Thompson et al., 2021; Twohig et al., 2018)

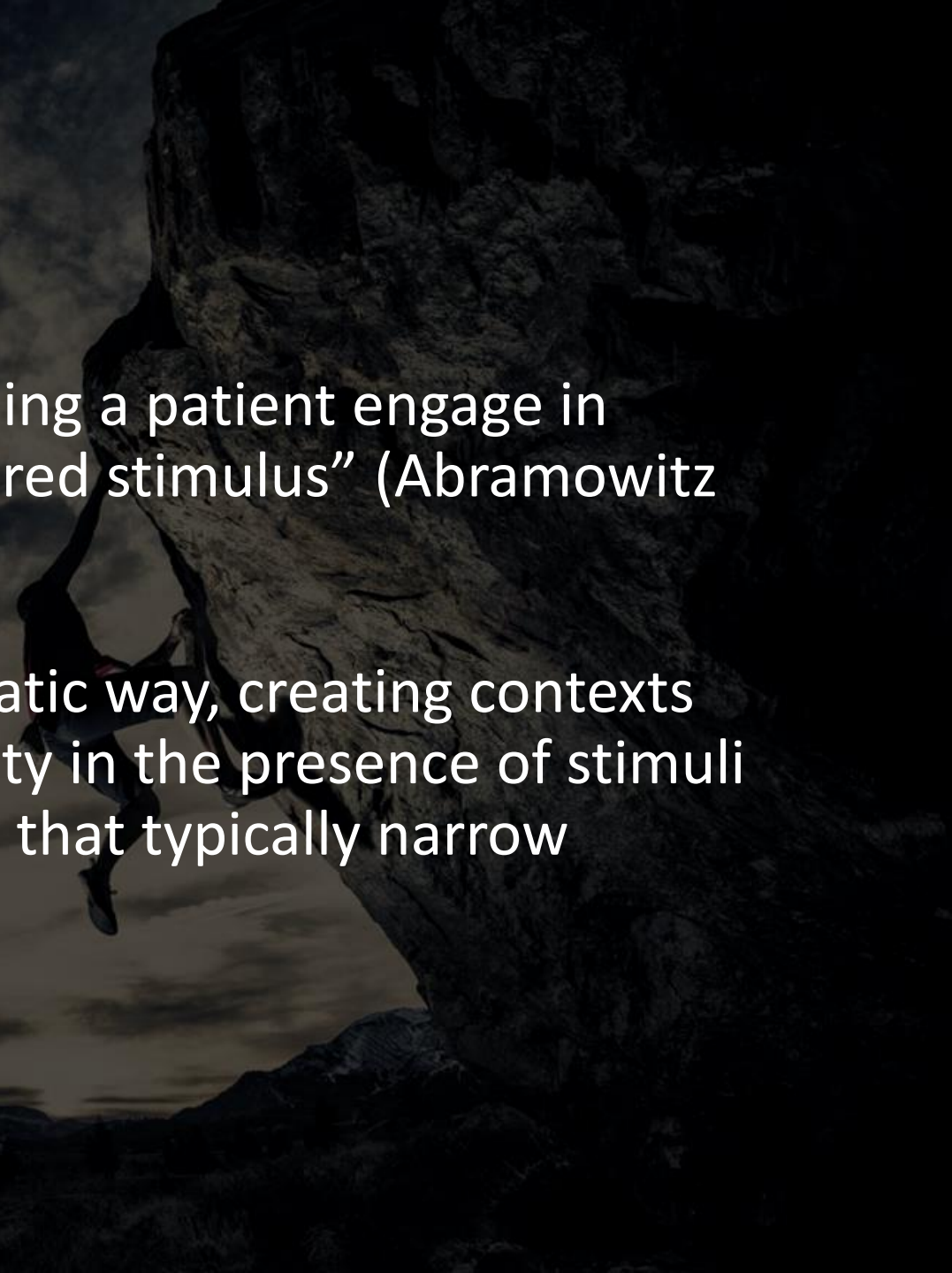
# Advantages of ACT

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- Offers model for conceptualizing exposure not based on habituation
  - Shift in focus on symptom reduction can allow greater flexibility in designing and conducting exposure exercises (ex. Values)
  - Focus on metaphors and experiential exercises to help orient clients to exposure
  - ACT offers expanded nomenclature for describing common processes that occur in exposure

# What is exposure?

**traditional definition:** “the process of helping a patient engage in repeated and prolonged contact with a feared stimulus” (Abramowitz et al., 2011)

**ACT definition:** In a structured and systematic way, creating contexts for clients to practice psychological flexibility in the presence of stimuli (e.g., thoughts, feelings, bodily sensations) that typically narrow behavior.



# Let the repetition do the work for you

- Frees you from being didactic and overexplaining
- Allows clients to experience for themselves what happens
- Set up exposure to help clients practice psychological flexibility



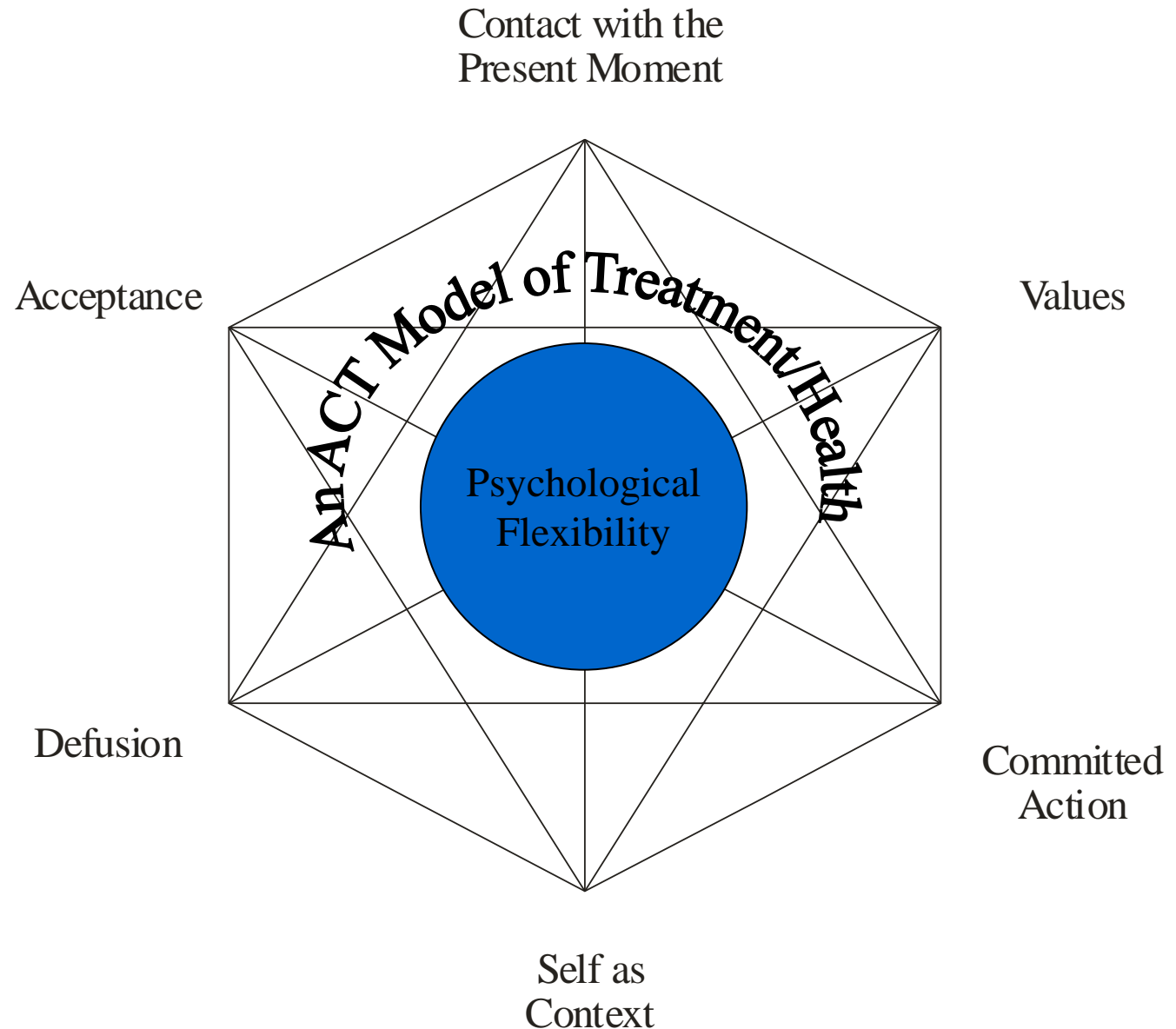
# Psychological Flexibility

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- Definition: contacting the present moment, based on situation, changing or persisting in values-driven behavior



How does  
exposure  
strengthen  
ACT  
processes?



# Review of ACT Processes + Terms

- Acceptance: willingness to experience difficult internal experiences (e.g., sensations)
- Defusion: noticing process of thinking without getting hooked by content of thoughts
- Contact with present moment: staying in the here and now
- Self-as-context: identifying less with self-content and more expansive sense of self
- Values: connecting with what is important
- Committed action: taking steps towards valued directions

Functional Contextualism: function vs form of behaviors

# 1) Ways of talking about ACT processes

- Acceptance or willingness
  - “making space for”
  - “being present with”
  - “allowing [discomfort] to be”
- Defusion/Self-as-Context
  - “Getting distance from”
  - “Being able to observe thoughts without buying into content”
  - “What is your mind telling you?”
- Values
  - “things that are important to you”
  - “what you want to be doing with your life”
  - “anything that is meaningful to you”

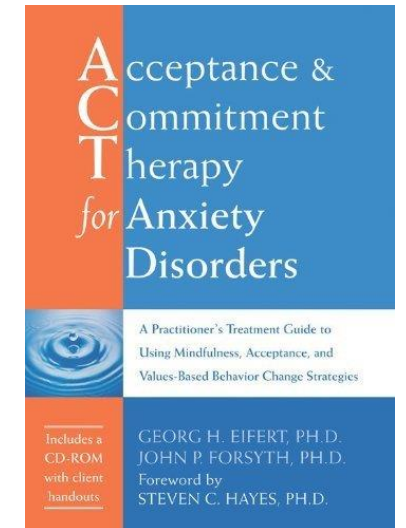
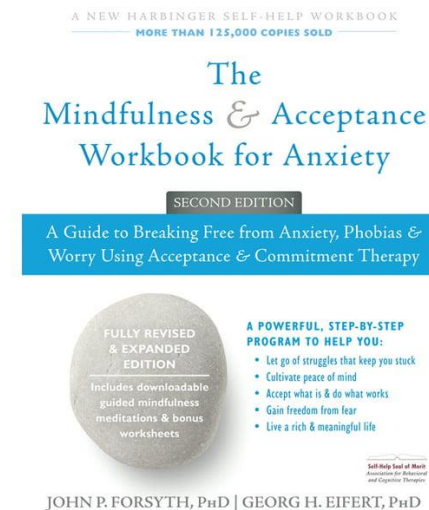




## 2) Orienting clients to ACT

- ACT worksheets
  - Awareness training, creative hopelessness, use of ACT language
- Finger Traps
  - Creative hopelessness
- *Acceptance of Thoughts and Feelings exercise*
- Passengers on the Bus
  - Write thoughts on notes cards (i.e. defusion)
- *Acceptance of Anxiety exercise*
- Willingness Thermostat
- *Values Bull's Eye*

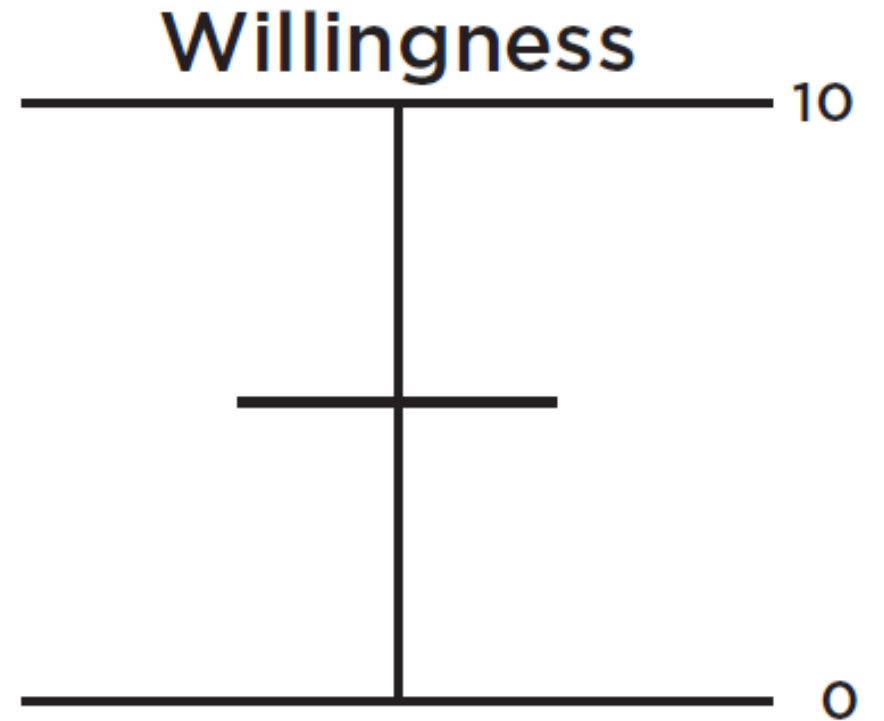
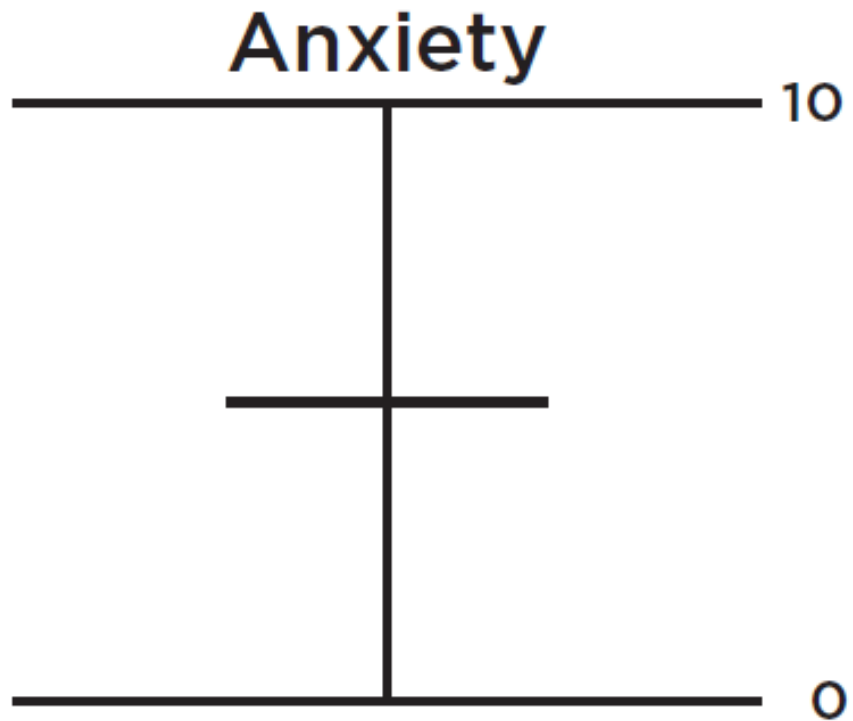
**Choose exercises/metaphors that work for you and your clients**



# 3) Facilitating exposures with an ACT lens

- Tracking willingness (along with SUDs)
- Looking for processes that are strengthened with exposure
  - *"Touching the seat is helping me to stay present"* [driving]
  - *"Am just watching people come off the plane. I still feel anxious and still feel my stomach clenching, but it isn't as bad as yesterday. People are making eye contact and some of them smile."* [exposure to being at airport]
- Setting up exposures to target specific ACT processes
  - Caveat: it's difficult to isolate ACT processes and there may be other ACT processes that are relevant
- Conceptualizing treatment challenges and lack of progress

# Introducing Willingness/Acceptance



Questions



# Resources

[www.portlandpsychotherapytraining.com/](http://www.portlandpsychotherapytraining.com/)

**5-meeting course:** *Building the Foundations of Your ACT-informed Exposure Practice*

- *Mondays 3-4:30 EST*

Thompson, B.L., Pilecki, B.C., & Chan, J.C. (2023). *ACT-informed exposure for anxiety disorders: Creating, effective, innovative, values-based exposures using acceptance and commitment therapy*. Oakland, CA: Context Press.

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