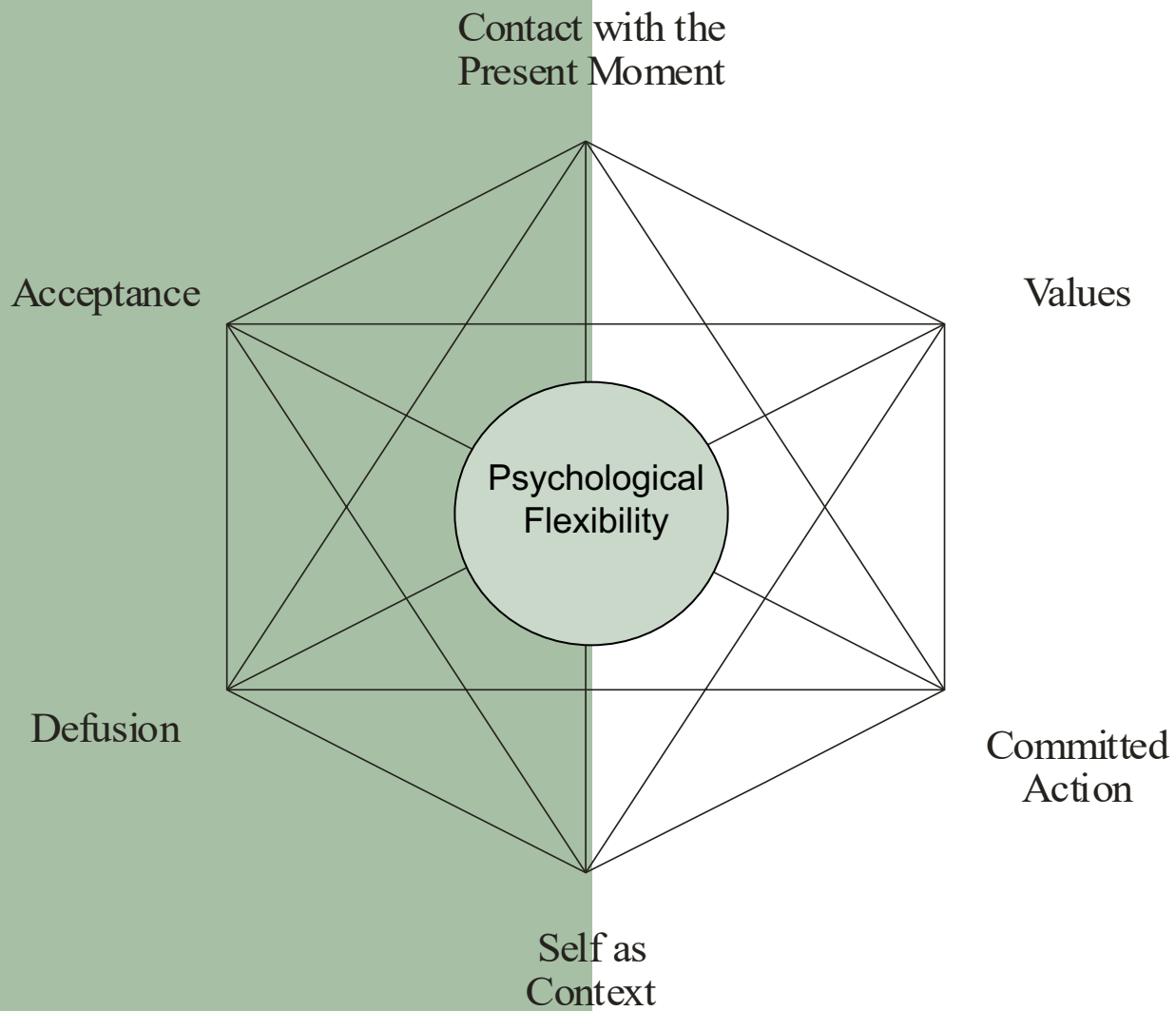


State of the Evidence on ACT for OCD

Michael Twohig, Ph.D.
Leila Capel
Utah State University

What is ACT?

A brief overview



Measure Development

Measures of Psychological Flexibility in OCDs

AAQ-OC

(Jacoby et al., 2018)

Obsessions and
compulsions related
psychological flexibility

AAQ-TTM

(Houghton et al., 2014)

Trichotillomania-
related psychological
flexibility

AAQH

(Krafft et al., 2019)

Hoarding-related
psychological flexibility

Below you will find a list of statements asking about your experiences with unwanted intrusive thoughts. Please rate how true each statement is for you by selecting a number using the scale below.

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 intrusive thoughts determine the actions that I take.	1	2	3	4	5	6 7
2. I try hard to avoid having intrusive thoughts.	1	2	3	4	5	6 7
3. Intrusive thoughts get in the way of my success.	1	2	3	4	5	6 7
4. It seems like other people are handling their unwanted intrusive thoughts better than I am.	1	2	3	4	5	6 7
5. I need to control my intrusive thoughts in order to handle my life well.	1	2	3	4	5	6 7
6. I stop taking care of my responsibilities when I have intrusive thoughts.	1	2	3	4	5	6 7
7. If an unpleasant intrusive thought comes into my head, I try to get rid of it.	1	2	3	4	5	6 7
8. Intrusive thoughts cause problems in my life.	1	2	3	4	5	6 7
9. I'm afraid of my intrusive thoughts.	1	2	3	4	5	6 7
10. My intrusive thoughts prevent me from leading a fulfilling life.	1	2	3	4	5	6 7
11. I can't stand having intrusive thoughts.	1	2	3	4	5	6 7
12. I worry about not being able to control my intrusive thoughts.	1	2	3	4	5	6 7
13. I try hard to control the physical reactions that I experience in my body when I am having intrusive thoughts (e.g., heart racing, sweating).	1	2	3	4	5	6 7

Disorder specific versions are more sensitive to change

Journal of Contextual Behavioral Science 12 (2019) 329–346



ELSEVIER

Contents lists available at ScienceDirect

Journal of Contextual Behavioral Science

journal homepage: www.elsevier.com/locate/jcbs



A review of AAQ variants and other context-specific measures of psychological flexibility

Clarissa W. Ong^{1,*}, Eric B. Lee¹, Michael E. Levin, Michael P. Twohig

Department of Psychology, Utah State University, 2810 Old Main Hill, Logan, UT 84322, USA



Psychological Flexibility

Process of Change in OCD

AAQ and Anxiety

- 63 studies
 - AAQ and all measures of anxiety $r = .45$
- General anxiety symptoms $r = .48$
- Specific anxiety disorder symptoms $r = .42$
- Specific disorders
 - GAD $r = .61$
 - Social phobia $r = .41$
 - PTSD $r = .39$
 - OCD $r = .36$
 - panic/agoraphobia $r = .21$

Outcome Research

Efficacy and effectiveness trials in
the U.S.

Overview of Trials in the US

Case Studies

Hayes (1987)

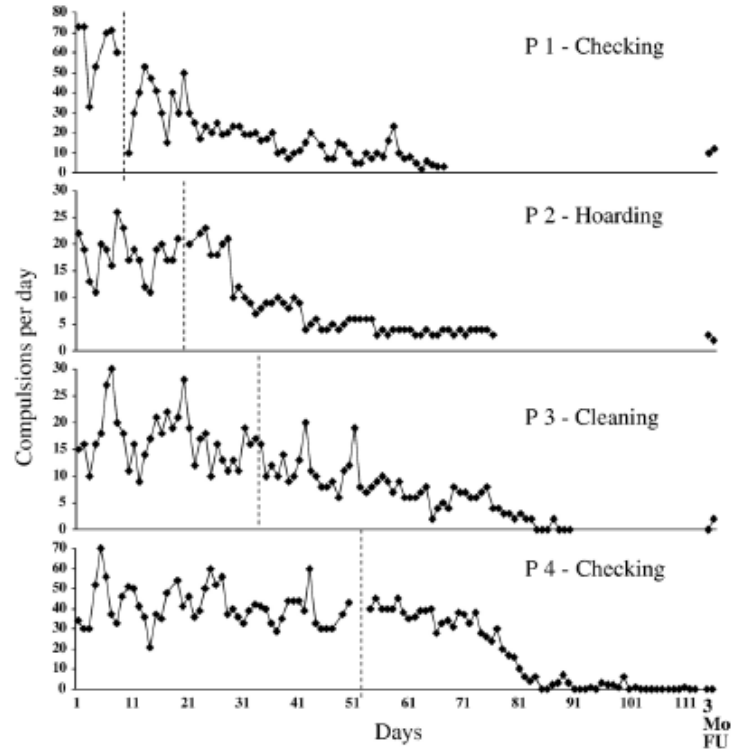
Multiple Baseline

Twohig, Hayes &
Masuda (2006b)
Dehlin, Morison &
Twohig, (2013)
Armstrong et al. (2013)*
Barney et al (2017)*
Thompson et al (2021)

Open Trials

Capel et al. (2022)
Petersen et al. (2022)*

ACT for OCD



ACT for Scrupulosity

Dehlin, Morrison, & Twohig, 2013

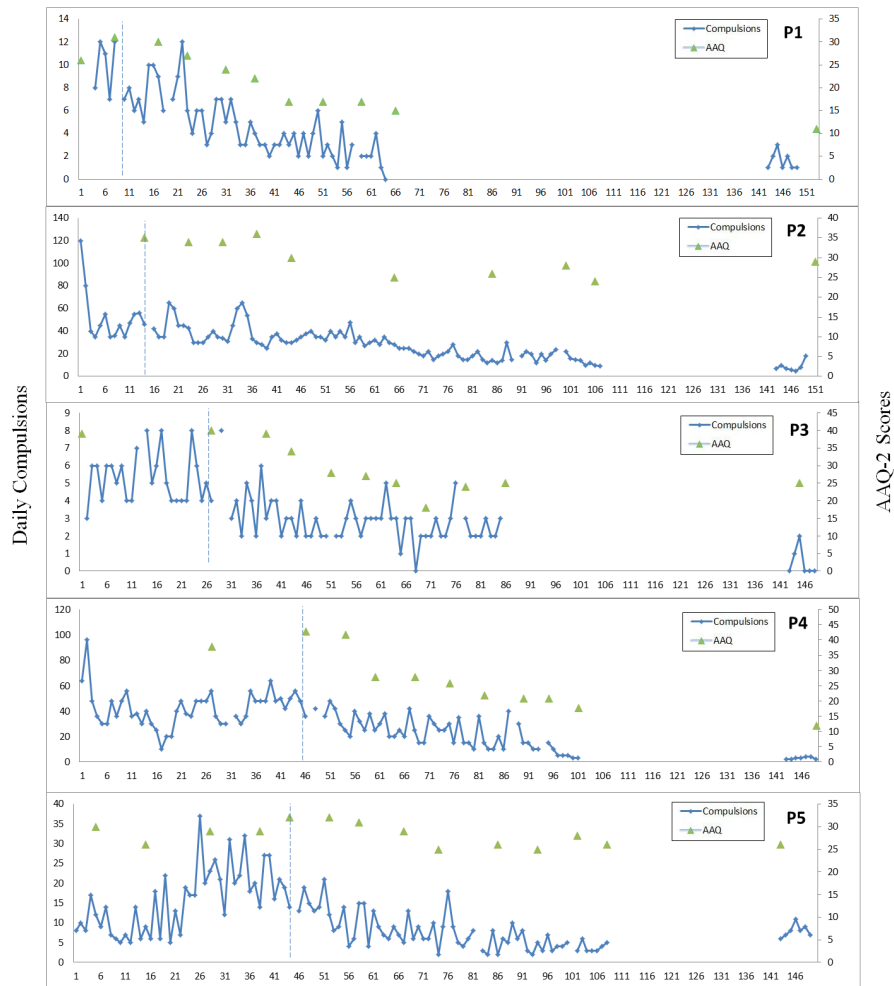


FIGURE 1: Daily frequency of compulsions (solid line) and weekly ACT process scores for the five participants in baseline and treatment phases.

ACT for Scrupulosity

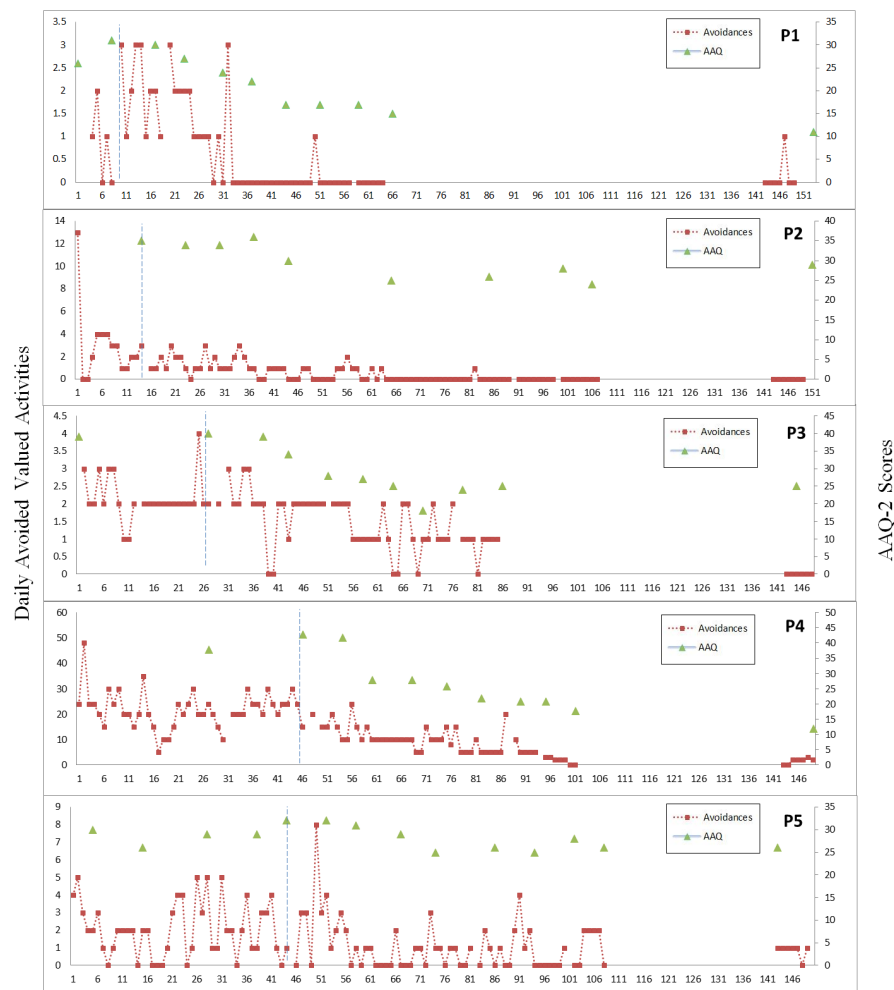
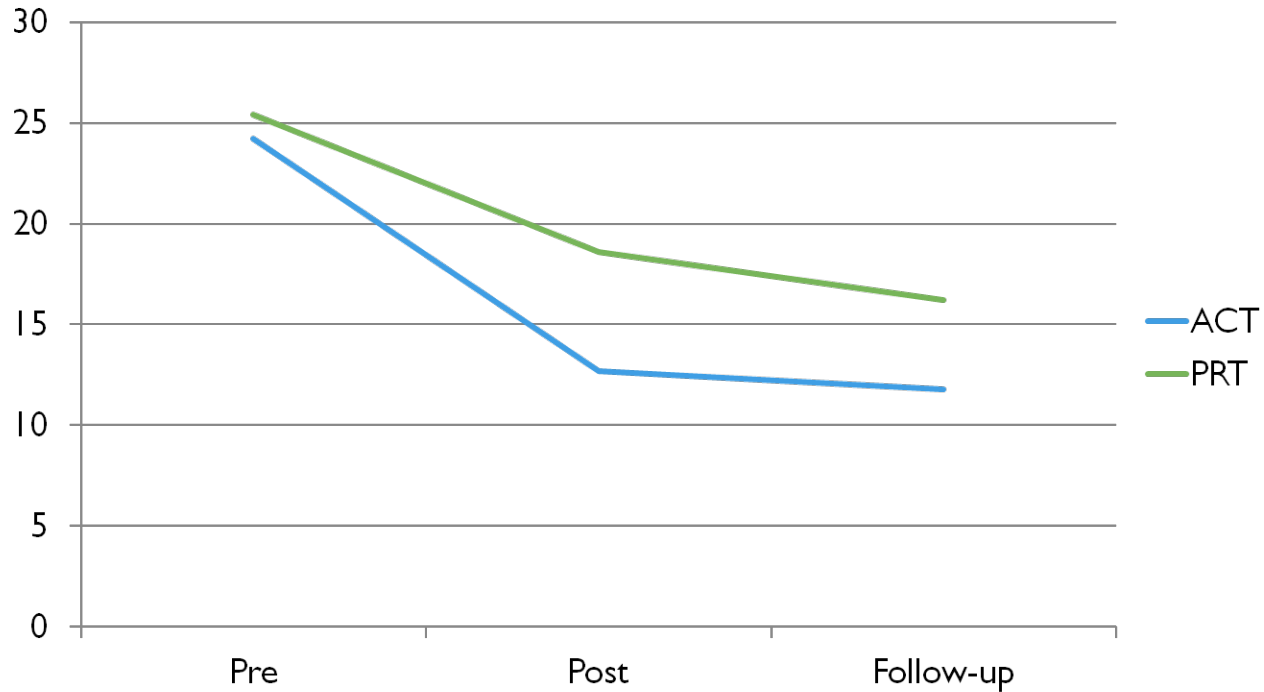


FIGURE 2: Daily frequency of avoided valued activities (dotted line) and weekly ACT process scores for the five participants in baseline and treatment phases.

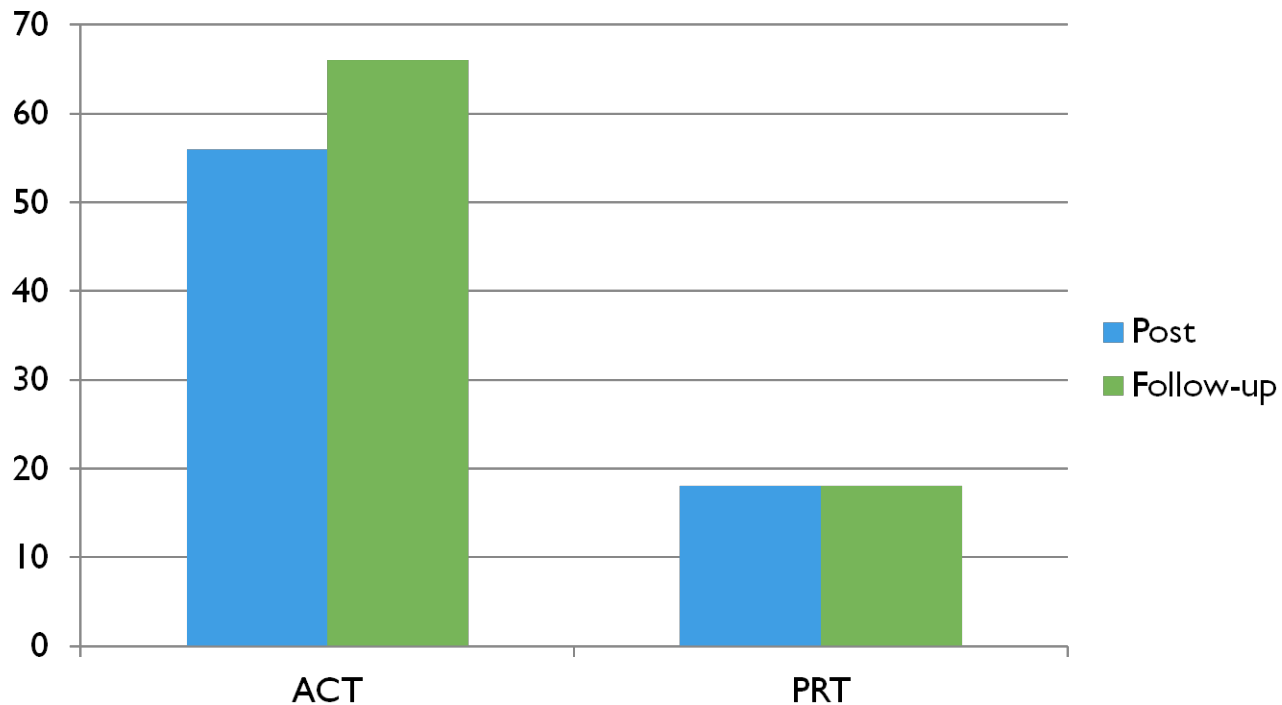
Randomized Controlled Trials with Adults in USA

Twohig, Hayes, et al. (2010)
Twohig et al. (2018)

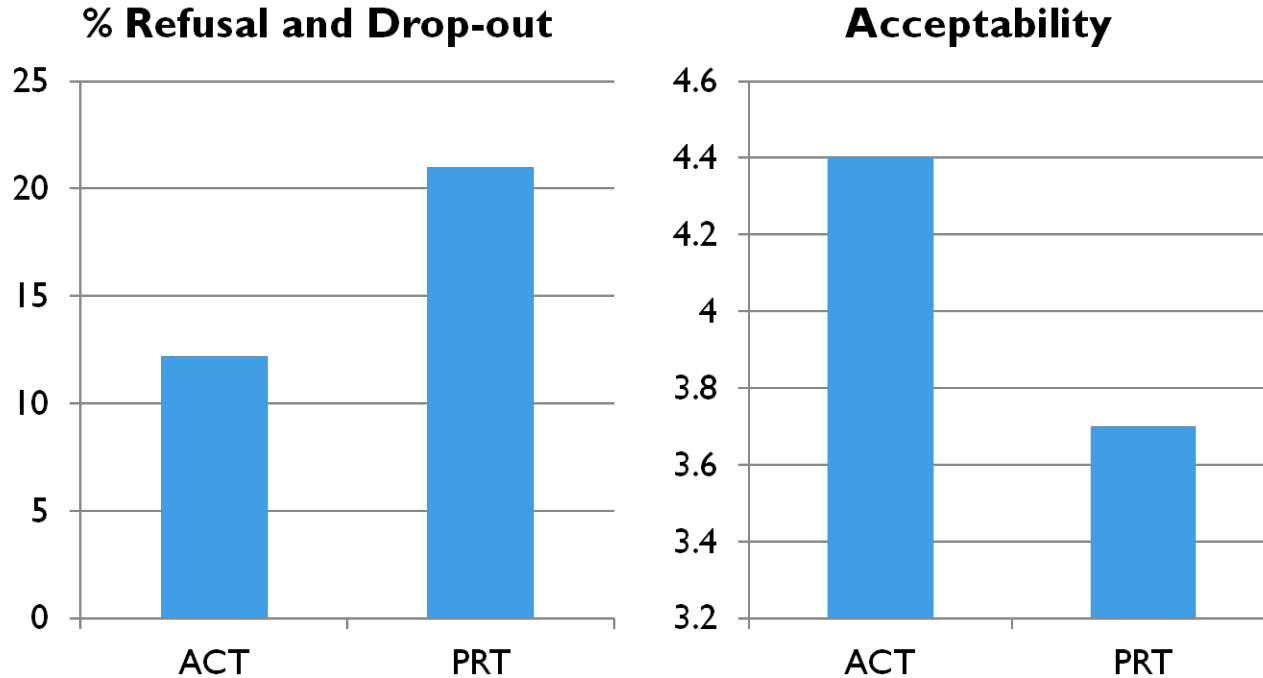
Y-BOCS Scores



% treatment responders



Refusal, drop-out, and acceptability



ACT+ERP vs ERP for OCD

Behaviour Research and Therapy 108 (2018) 1–9



Contents lists available at [ScienceDirect](#)

Behaviour Research and Therapy

journal homepage: www.elsevier.com/locate/brat



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



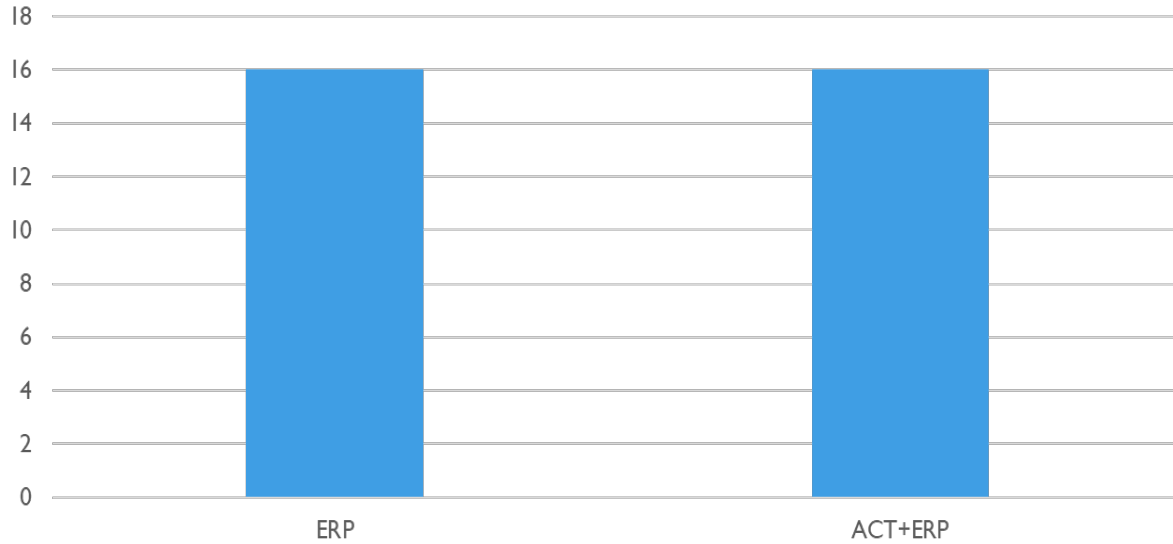
Michael P. Twohig^{a,*}, Jonathan S. Abramowitz^b, Brooke M. Smith^a, Laura E. Fabricant^b, Ryan J. Jacoby^b, Kate L. Morrison^a, Ellen J. Bluett^a, Lillian Reuman^b, Shannon M. Blakey^b, Thomas Ledermann^c

^a Utah State University, USA

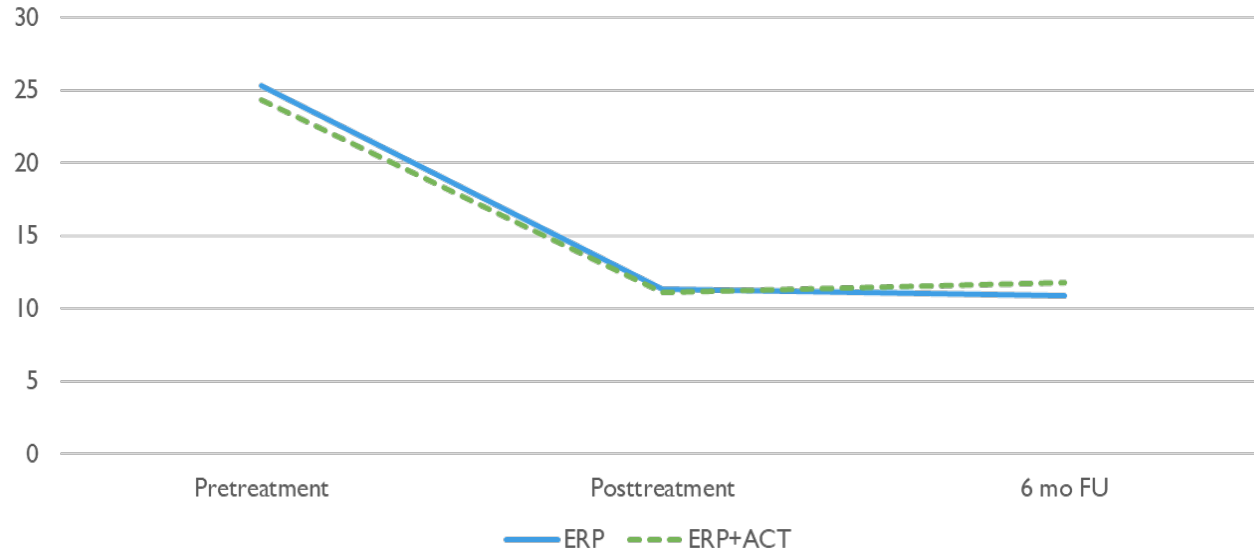
^b University of North Carolina at Chapel Hill, USA

^c Florida State University, USA

Percent drop out

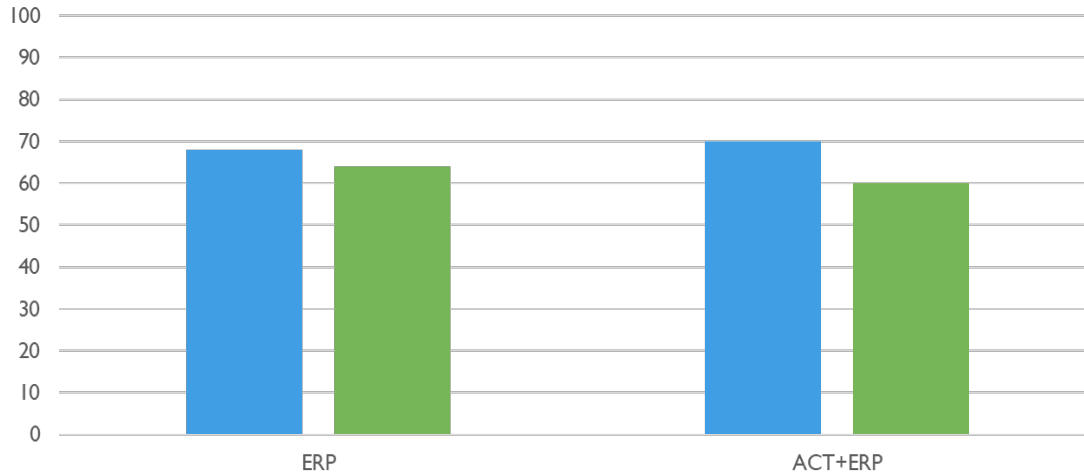


Y-BOCS



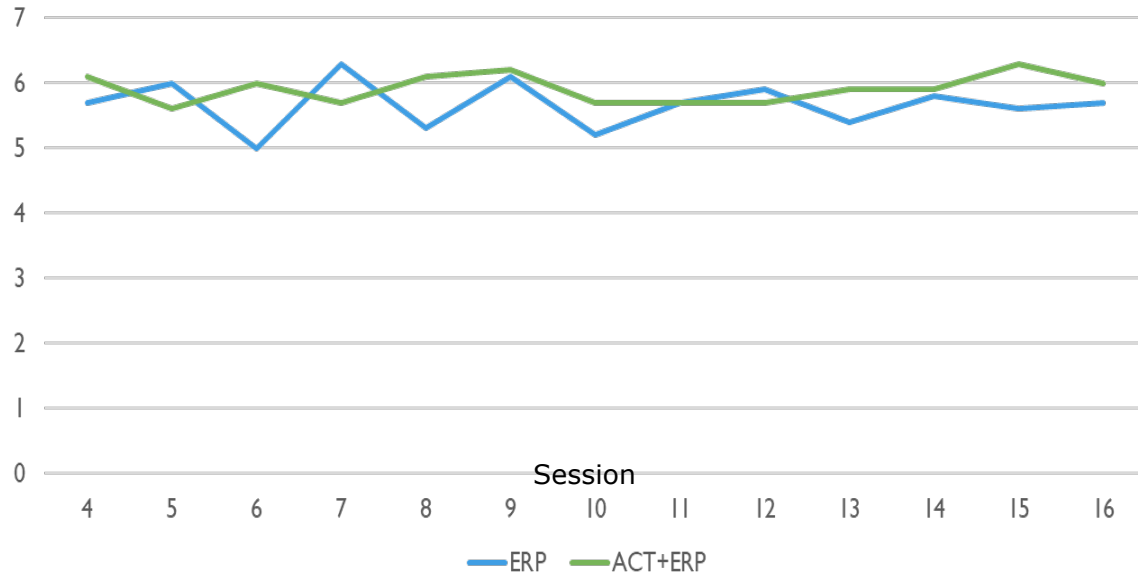
Responders

Score below 16 and 6.4 point change



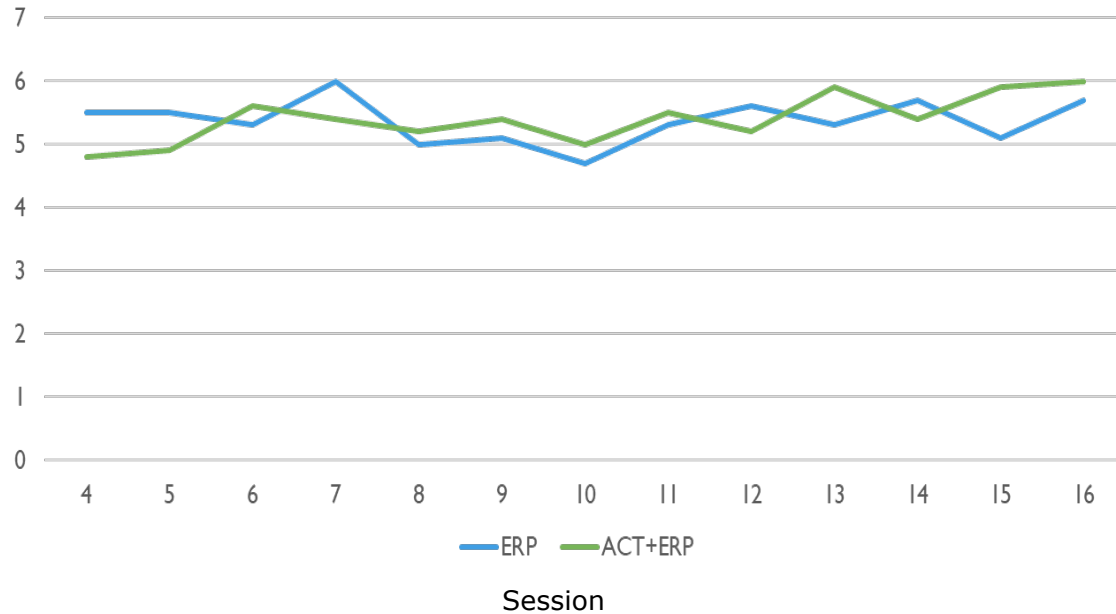
PEAS Q1- What % of exposures

1=none, 6=most, 7=all

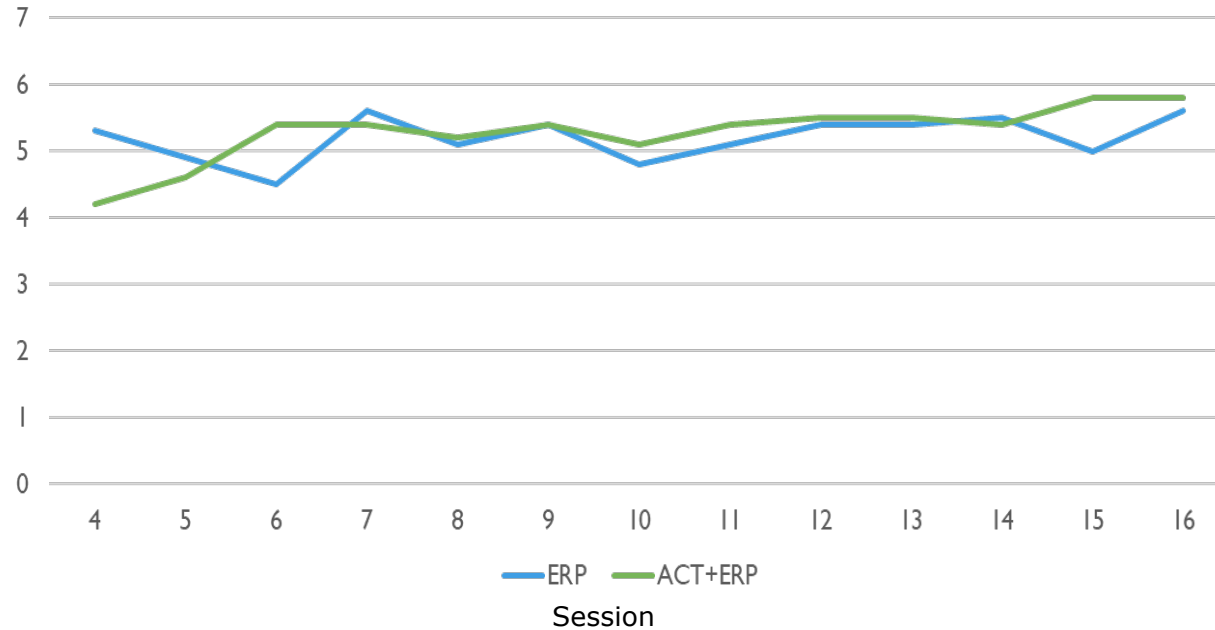


PEAS Q2- How well exposures completed?

1=refused, 5=as assigned, 7=excellent



PEAS Q₃- What % of urges were response prevention used
1=none, many (75%) =most, 7=most (redid exposure if mistake)



Efficacy Trials in Iran

RCTs conducted in Iran

Overview of Trials in Iran

ACT vs. Waitlist

Izadi et al., 2014
Ghazanfari et al., 2015
Narimani et al., 2016
Shabani et al., 2019
Asli-Azad et al., 2019
Hashemi-Jashni et al.,
2020 *
Rajabi et al., 2020
Borghei et al., 2020

ACT vs. Nontraditional Comparison

Esfahani et al., 2015
Ghazanfari et al., 2015
Borghei et al., 2020

ACT+SSRI vs. Continued SSRI

Vakili et al., 2013
Baghooli et al., 2014
Rohani et al., 2018

Overview of Trials in Iran

ACT+ SSRI vs.
CBT+ SSRI

Shabani et al., 2019 *
Zemestani et al., 2020

ACT vs. CBT

Izadi et al., 2014
Narimani et al., 2016
Hashemi-Jashni et al.,
2020 *

Processes of
Change Assessed

Izadi et al., 2014
Rohani et al., 2018
Shabani et al., 2019 *
Zemestani et al., 2020

* Youth Study

ACT+ SSRI vs. Continued SSRI

Trial	Age	Conditions	Outcomes
Vakili et al., 2013	Mean (SD): 26.96 (6.83)	ACT, ACT +SSRI, SRRI- alone	ACT = ACT +SSRI > SSRI alone
Baghooli et al., 2014	Mean (SD): 27.96 (6.07)	ACT, ACT + SSRI, SSRI- alone	ACT = ACT+SSR > SSRI-alone
Rohani et al., 2018	Mean (SD): 27.91 (7.26)	ACT + SSRI, SRRI- alone	ACT +SSRI > SRRI- alone PF: Statistically significant change

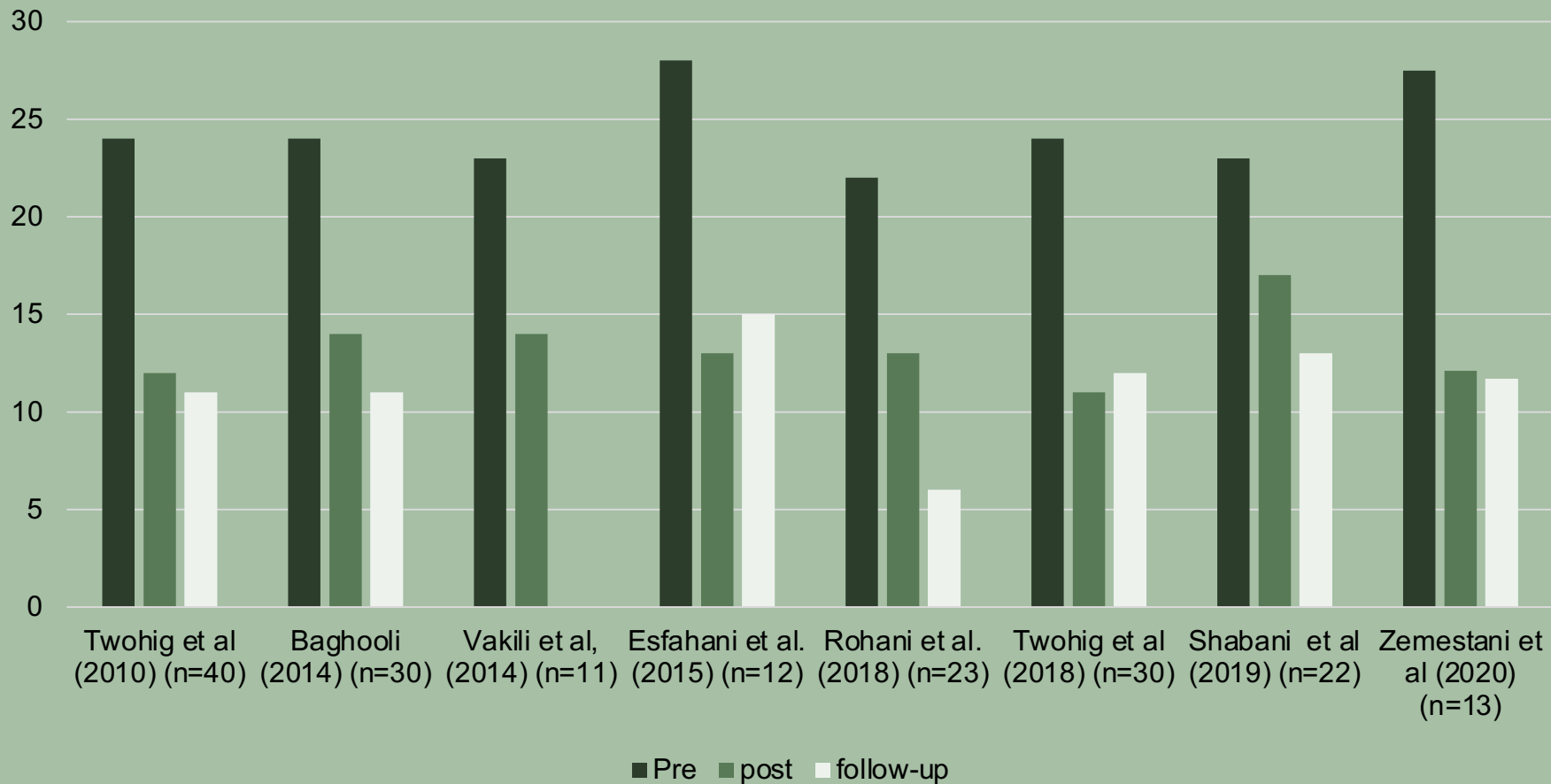
ACT+SSRI vs. CBT+SSRI

Trial	Age	Conditions	Outcomes
Shabani et al., 2019	Mean (SD): 14.96 (1.47)	ACT + SSRI, CBT + SSRI, SSRI	ACT + SSRI = CBT + SSRI > SSRI PF: ACT > CBT
Zemestani et al, 2020	Mean (SD): 35.69 (9.34)	ACT + SSRI, ERP + SSRI, SSRI	ACT + SSRI = ERP + SSRI > SSRI alone PF: ACT > CBT

ACT vs. CBT

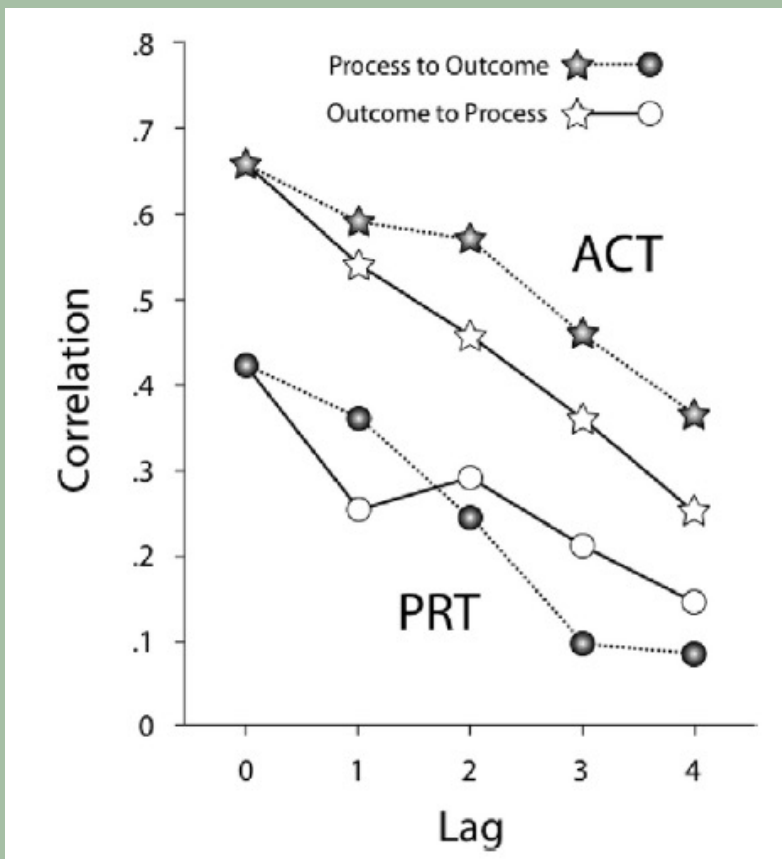
Trial	Age	Conditions	Outcomes
Izadi et al., 2014	Mean (SD): 31.97 (7.16)	ACT, CBT, WL	Post: CBT: \angle ACT > WL Follow-up: ACT = CBT > WL PF: ACT > CBT
Narimani et al., 2016	Mean (SD): 28.13 (7.38)	ACT, ERP, WL	ACT > ERP > Waitlist
Hashemi-Jashni et al., 2020	Range 18-50	ACT, ERP, WL	ERP > ACT > WL

Summary of YBOCS scores



05

Process of Change



Twohig et al. 2015



Contents lists available at [ScienceDirect](#)

Journal of Obsessive-Compulsive and Related Disorders

journal homepage: www.elsevier.com/locate/jocrd



Moderators and processes of change in traditional exposure and response prevention (ERP) versus acceptance and commitment therapy-informed ERP for obsessive-compulsive disorder

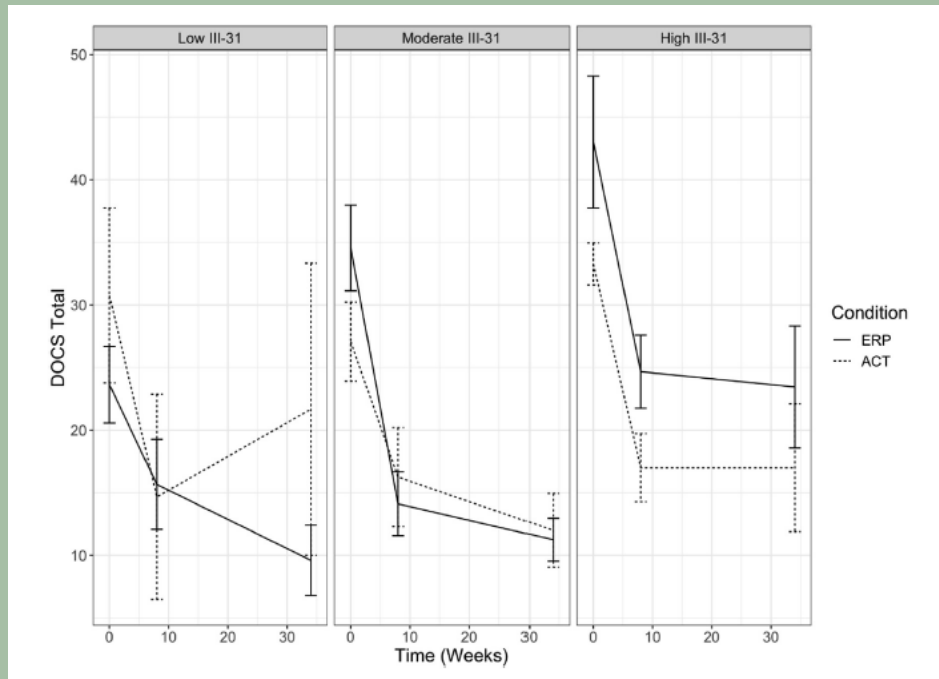


Clarissa W. Ong^{a,*}, Shannon M. Blakey^b, Brooke M. Smith^a, Kate L. Morrison^a, Ellen J. Bluett^a, Jonathan S. Abramowitz^b, Michael P. Twohig^a

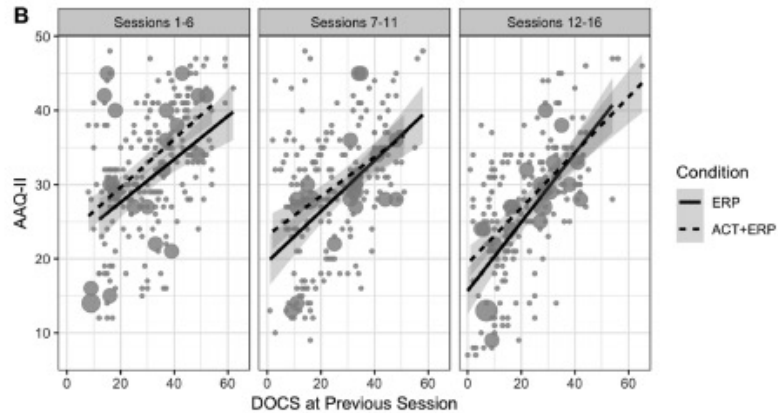
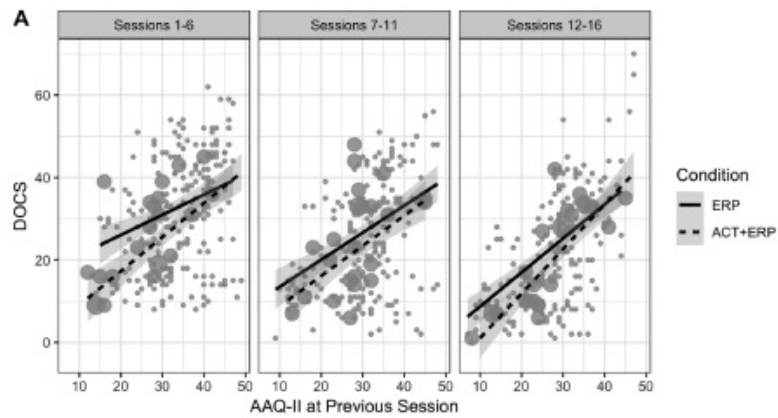
^a Department of Psychology, Utah State University, USA

^b Department of Psychology, University of North Carolina at Chapel Hill, USA

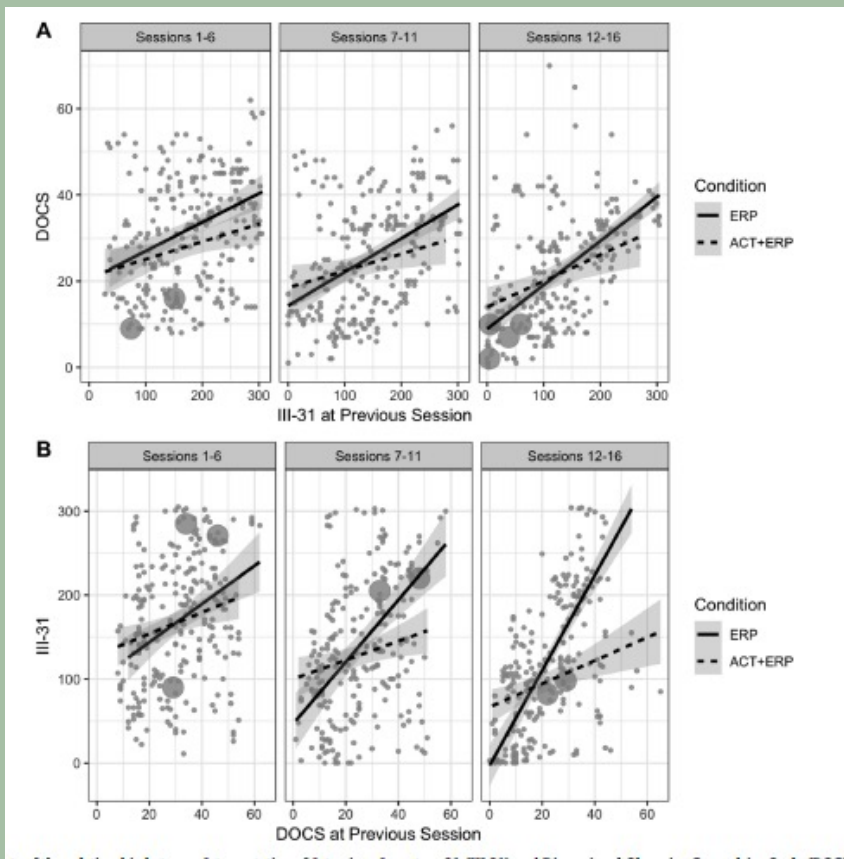
Psychological inflexibility and interpretation of intrusions both functioned as predictors of change



Participants with less dysfunctional appraisals at pretreatment performed consistently better in ERP relative to ACT + ERP.



Psychological inflexibility and interpretation of intrusions both functioned as predictors of change

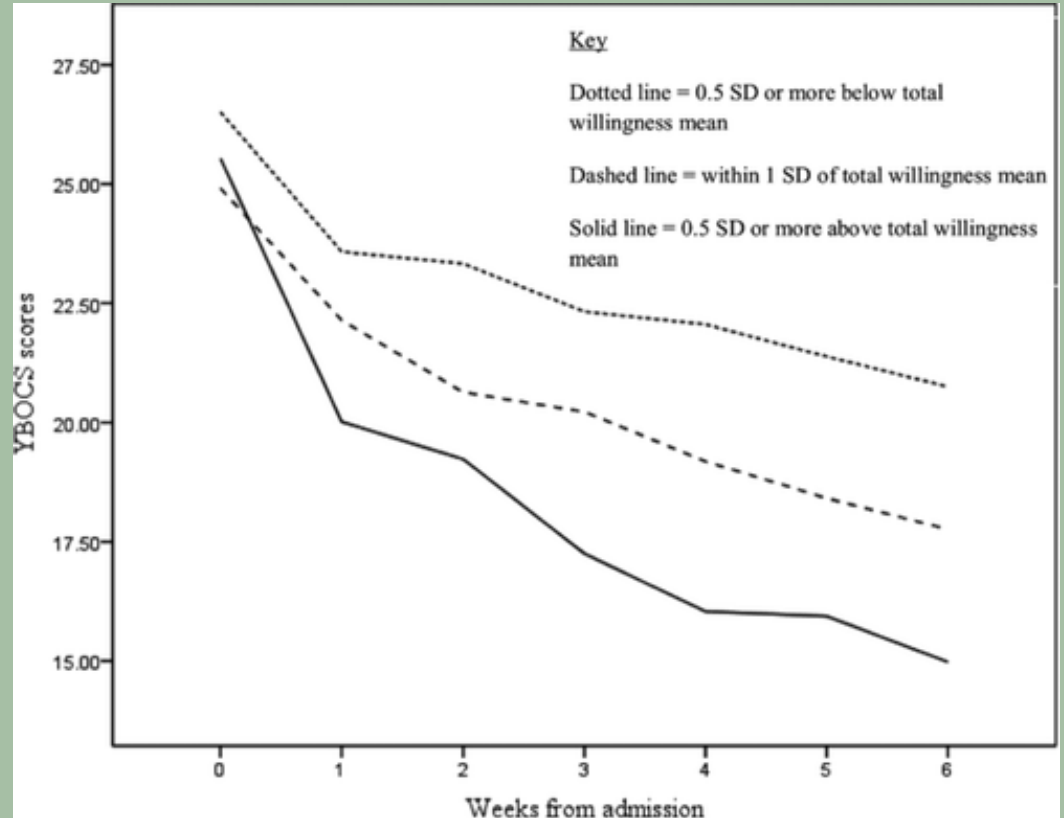


Psychological inflexibility and interpretation of intrusions both functioned as predictors of change

05

Psychological
flexibility as a
general
predictor

Willingness as a predictor of outcomes



Psychological Flexibility as a Predictor

	PEAS: Exposure Adherence	PEAS: Urges Resisted	AAQ-II	DOCS: Contamination	DOCS: Responsibility for Harm	DOCS: Unacceptable Thoughts	DOC: Symm
Session	-0.02 [-0.07; 0.04]	0.06 [0.00; 0.11] ^a	-0.48 [-0.67; -0.28] ^a	-0.24 [-0.36; -0.11] ^a	-0.20 [-0.28; -0.11] ^a	-0.25 [-0.38; -0.12] ^a	-0.18 [-0.25; -0.12] ^b
Acceptance/tolerance (quantity)	-0.03 [-0.13; 0.07]	-0.19 [-0.29; -0.10] ^a	-0.08 [-0.28; 0.13]	0.01 [-0.10; 0.13]	0.25 [0.13; 0.37] ^a	0.21 [0.10; 0.32] ^a	0.06 [-0.03; 0.16]
Acceptance/tolerance (quality)	0.17 [0.08; 0.26] ^a	0.28 [0.19; 0.36] ^a	-0.48 [-0.66; -0.30] ^a	0.04 [-0.06; 0.14]	-0.15 [-0.26; -0.05] ^a	-0.20 [-0.29; -0.10] ^a	-0.18 [-0.27; -0.10] ^b
Distress reduction (quantity)	0.16 [0.05; 0.26] ^a	-0.08 [-0.18; 0.01]	-0.73 [-0.95; -0.51] ^a	0.26 [0.13; 0.39] ^a	-0.01 [-0.15; 0.12]	-0.10 [-0.22; 0.03]	-0.07 [-0.17; 0.04]
Duration	-0.01 [-0.02; -0.00] ^a	-0.00 [-0.01; 0.00]	0.02 [0.00; 0.03] ^a	-0.02 [-0.02; -0.01] ^a	-0.00 [-0.01; 0.01]	0.01 [0.00; 0.01] ^a	-0.01 [-0.02; -0.00] ^b
Collaboration	0.15 [0.04; 0.26] ^a	0.06 [-0.04; 0.16]	-0.44 [-0.66; -0.22] ^a	-0.08 [-0.20; 0.05]	0.09 [-0.04; 0.22]	-0.19 [-0.31; -0.07] ^a	0.10 [-0.00; 0.20]
Rationale	0.00 [-0.07; 0.07]	-0.02 [-0.08; 0.04]	-0.43 [-0.56; -0.30] ^a	0.09 [0.01; 0.17] ^a	0.02 [-0.06; 0.10]	-0.01 [-0.08; 0.07]	-0.08 [-0.15; -0.02] ^b
BIC	3998.53	3546.54	6093.01	4486.40	4605.64	4515.17	3961.4
Number of observations	1289	1248	1339	1321	1321	1339	1321

One more
cool study



ELSEVIER

Contents lists available at [ScienceDirect](#)

Journal of Contextual Behavioral Science

journal homepage: www.elsevier.com/locate/jcbs



The role of therapist experiential avoidance in predicting therapist preference for exposure treatment for OCD

Stephanie Rabin Scherr, James D. Herbert*, Evan M. Forman

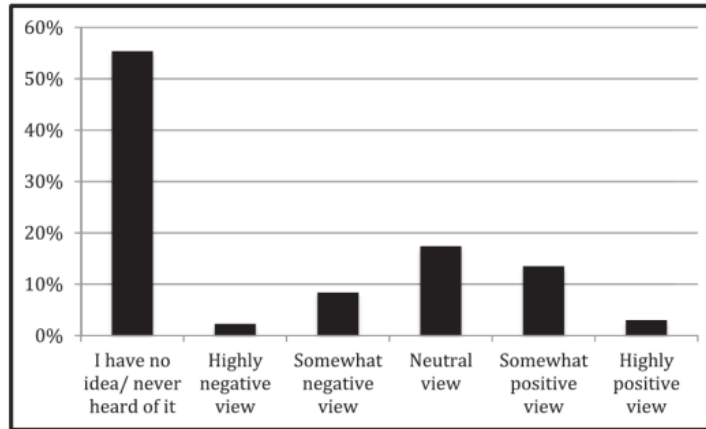
Drexel University, 3141 Chestnut Street, Stratton Hall, Philadelphia, PA 19104, USA



1. Watched mock intake and asked how much time dedicated to exposure.
2. More experiential avoidance = less time in exposure

Ok, one
more study

Therapists, not clients, are opposed to exposure therapy (Arch et al., 2015)



Note: These ratings were made *prior* to participants receiving a basic definition or rationale for exposure therapy.

Fig. 2. Baseline view of exposure therapy for treating anxiety or trauma, $n = 964$.

Therapists, not clients, are opposed to exposure therapy (Arch et al., 2015)

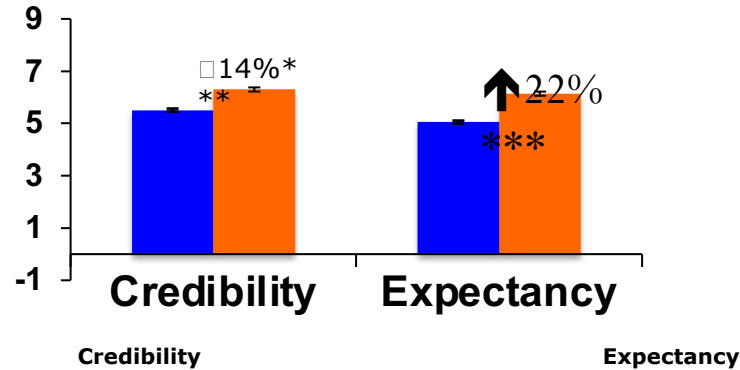
Table 3

Treatment credibility/expectancy questionnaire pre to post rationale ratings.

Credibility/Expectancy questionnaire item:	Baseline mean (<i>SD</i>)	Post-rationale mean (<i>SD</i>)
1. How likely to participate?	5.02 (2.38)	6.07 (2.32)
2. How logical?	6.81 (1.81)	7.17 (1.84)
3. How successful?	5.66 (2.15)	6.29 (2.12)
4. How confident to recommend?	5.38 (2.28)	6.17 (2.16)
5. How enthusiastic?	4.66 (2.45)	5.80 (2.42)
6. How much improvement?	50.50% (25.10)	61.40% (26.96)

Note: For full measure item content, please refer to the [Appendix A](#) (items are shortened here for brevity). “Baseline” refers to ET credibility ratings following a basic definition of ET. “Post-rationale” refers to overall ET credibility following all rationale. Items 1–5 were assessed on a 1–9 Likert scale whereas Item 6 was assessed on a 0–100% scale.

Did the ACT/CBT rationale improve credibility and expectancy from baseline?



	Credibility				Expectancy		
Initial View	Baseline	Post	Effect size (pn2)	% Increase	Initial View	Effect size (pn2)	% Increase
No idea	5.47	6.34	.32***	16%	No idea	.29***	25%
Neutral	5.26	6.13	.30***	16%	Neutral	.27***	21%
Negative	3.61	4.57	.32***	27%	Negative	.26***	31%
Positive	7.11	7.51	.15***	6%	Positive	.21***	11%

***p < .001

Questions?

Thank you!

Do you have any questions?

michael.twohig@usu.edu

leila.capel@usu.edu

utahact.com

Facebook: facebook.com/utahACT

Instagram: [@UtahACT](https://instagram.com/@UtahACT)



CREDITS: This presentation template was created by **Slidesgo**, including icons by **Flaticon**, and infographics & images by **Freepik**

