

# Commit, Slip, Commit:

Using Acceptance and Commitment Therapy  
in Eating Disorder Recovery

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# Objectives

1. Attendees will have a basic understanding of Acceptance and Commitment Therapy (ACT).
2. Attendees will learn how changing the way we think about stress affects how stress will impact us.
3. Attendees will learn the importance of flexibility in responding to stressful situations and uncomfortable feelings in recovery and learn practical ways to put this information into practice.

# Who I am and my Acceptance and Commitment therapy (ACT) journey

- Primary therapist at Center for Change Boise
- Background in Art, Psychology, and Addiction.
- Started learning about ACT in 2019
  - Approachable
  - Authentic
  - Life changing



# Why ACT? It works!

- Clients that attended ACT groups while in 24 hour treatment showed lower rates of rehospitalization after 6 months compared to those that did not attend ACT groups ([Juarascio, et al., 2013](#)).
- For adolescents with anorexia nervosa or subthreshold anorexia nervosa, a family-based therapy approach based on ACT has shown to reduce eating disorder (ED) pathology ([Timko, Zucker, Herbert, Rodriguez, & Merwin, 2015](#)).
- In a group of individuals with eating disorders, an ACT group intervention focusing on body image was effective in reducing residual ED symptoms and body image problems ([Fogelkvist, Gustafsson, Kjellin, Parling, 2020](#)).

# ACT: An introduction

- Founded by Steven Hayes in 1982:
  - “...the primary source of human unhappiness is the way language and cognition interact with the circumstances of our lives to produce an inability to persist or make changes that are in the service of long-term valued ends.” -Luoma, Hayes, and Walser, 2007, p. 9
- Inflexibility happens when we use language and tools in ways that are ineffective or problematic.
- The point of ACT is not to *feel* **BETTER** but to better **FEEL**.

# Core Yearnings

## 1. Belonging and Connection

We long to belong and often feel we cannot belong unless we are special.

## 2. Coherence and Understanding

We yearn to make sense of what we are experiencing.

## 3. Orientation

We yearn to know the space we are in physically and spiritually in the past, present, and future.

# Core Yearnings Continued

## 4. Feeling

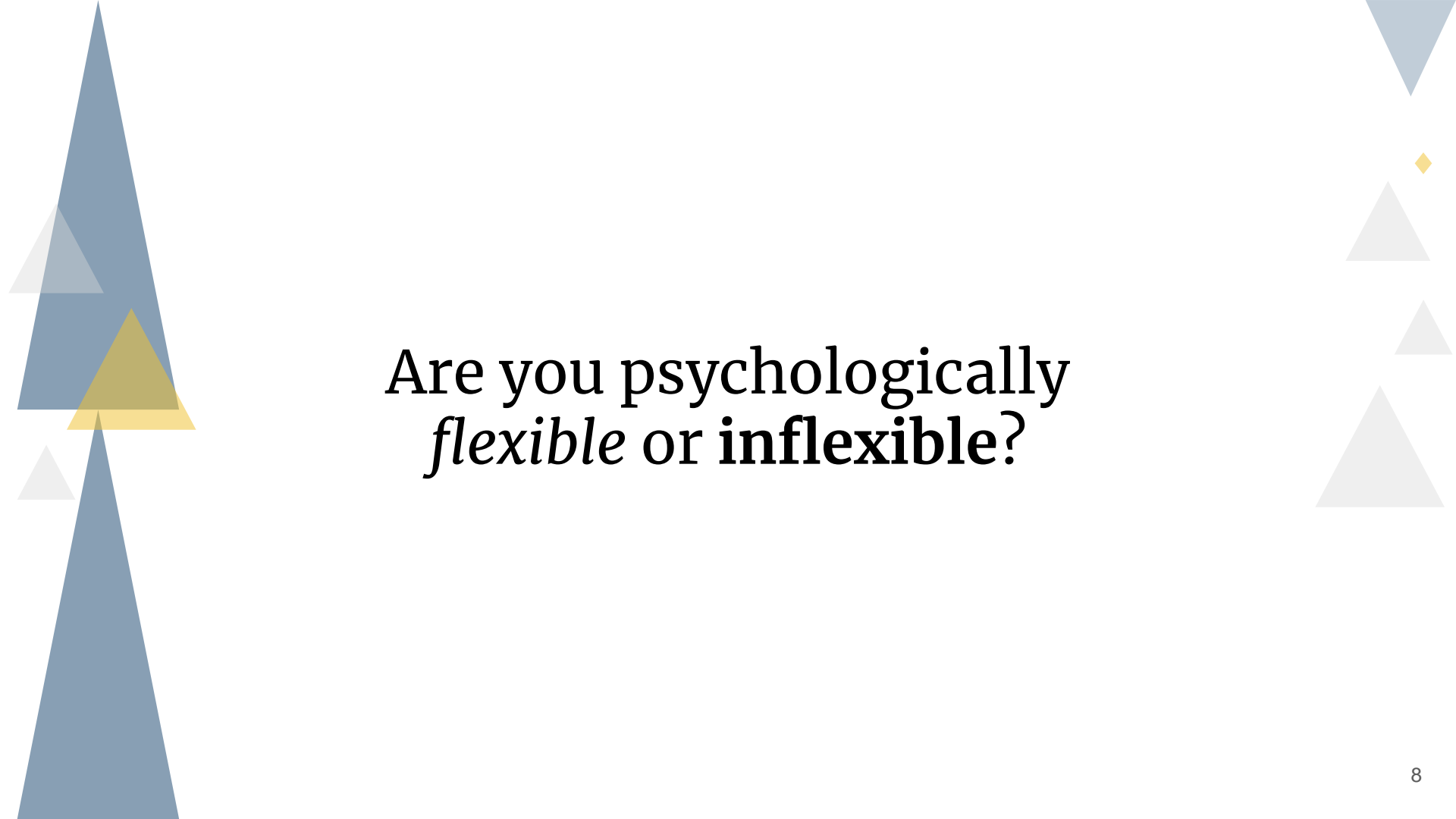
We yearn to feel and come in contact entirely with our experience.

## 5. Self-directed meaning

We yearn to be in control of our lives & make our own choices.

## 6. Competence

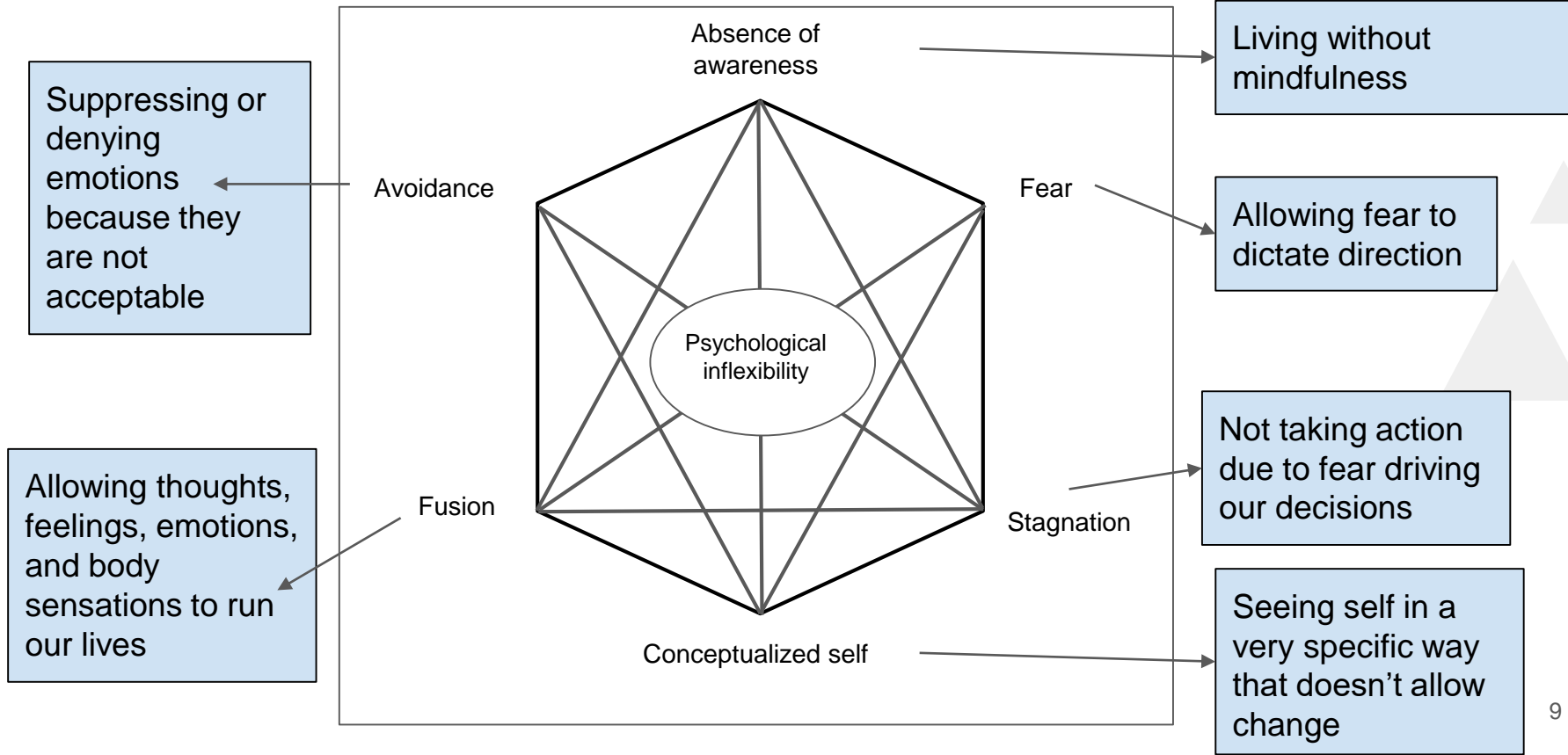
We yearn to be good at what we are doing.

The slide features a white background with decorative geometric shapes. On the left side, there are several overlapping triangles in shades of blue and a yellow triangle. On the right side, there are more overlapping triangles in shades of blue and grey, with a small yellow diamond shape near the top right.

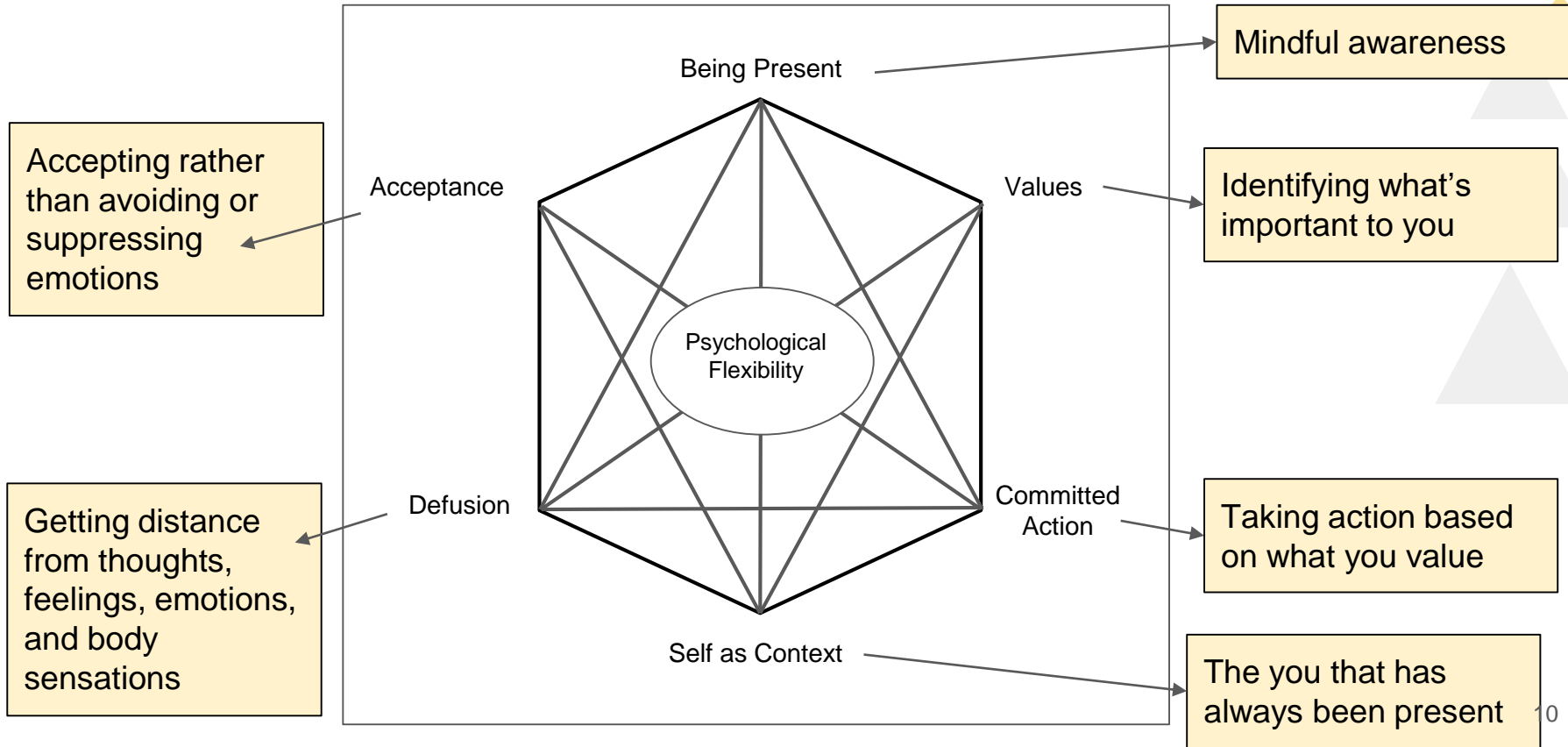
Are you psychologically  
*flexible* or **inflexible**?



# Psychological Inflexibility



# ACT Hexaflex for Psychological Flexibility



# Knowing our Core Yearnings Helps Us Respond

## Core yearning

Belonging/Connection

Coherence/  
Understanding

Orientation

## Inflexible response

Eating disorder =  
identity

Fusion, getting stuck  
when faced with  
challenging thoughts or  
feelings

Lack of awareness/  
no control.

## Flexible response

Work on identifying with  
the self-as-context

Defusion, distancing self from  
thoughts/feelings, AND not  
denying them. For example, “I  
notice I have the thought that I  
am \_\_\_\_\_, and I am willing to  
\_\_\_\_\_ anyway because I  
value \_\_\_\_\_.”

Mindful of direction I  
am going.

# Knowing our Core Yearnings Helps Us Respond

## Core yearning

Feeling

Self-directed  
meaning

Competence

## Inflexible response

Avoidance

Fear driving  
direction

Prefer perfectionism  
over fear of failure.

## Flexible response

Accepting ALL  
emotions

Values leading  
the way

Focusing more on  
the process vs.  
outcome.



How can we increase psychological flexibility in recovery?

# 1. Be realistic & recognize stress

**Stress:** Overwhelming emotions, uncomfortable physical feelings, difficult situations (real or imagined), little irritations, anxiety, etc...

“Stress is what arises when something you care about is at stake.”

-Kelly McGonigal

# The dark side of “feel goodism”

- Core issues:
  - I don't want to feel bad, I only want to feel good. Therefore, ↪
  - If I feel bad then I must be doing badly. Therefore, ↪
  - Something is wrong with me = shame + isolation.
- In ACT, every emotion has a place and doesn't need to limit or change our direction.



# Stress is normal and expected

When you think about stress as harmful, anything that feels stressful can throw you off.

Stress is a normal, expected part of life, but when we treat it as if it shouldn't happen and that it's wrong we feel challenged and uncomfortable when it shows up.

Stress and feeling uncomfortable in recovery is **normal and expected**, not a moral failing.

*So how do we respond?*



# Changing your mind about stress

## What if stress was seen as helpful?

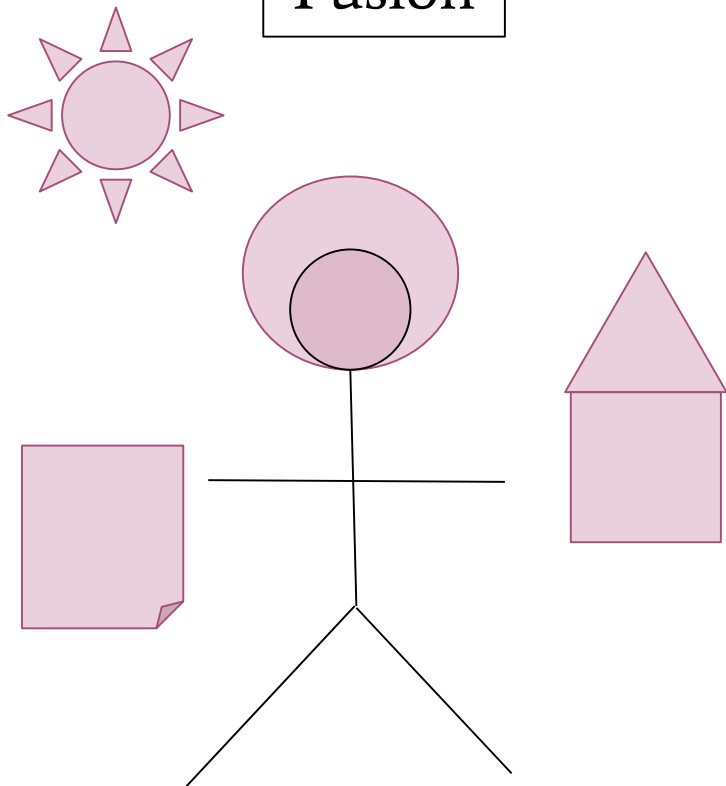
- Research shows that the combination of stress and the **BELIEF** that stress is harmful results in negative health outcomes.
- In other words, how you *think* about stress affects whether or not stress negatively impacts you.

“Stop being stressed out/anxious. My body is so stupid and annoying.”

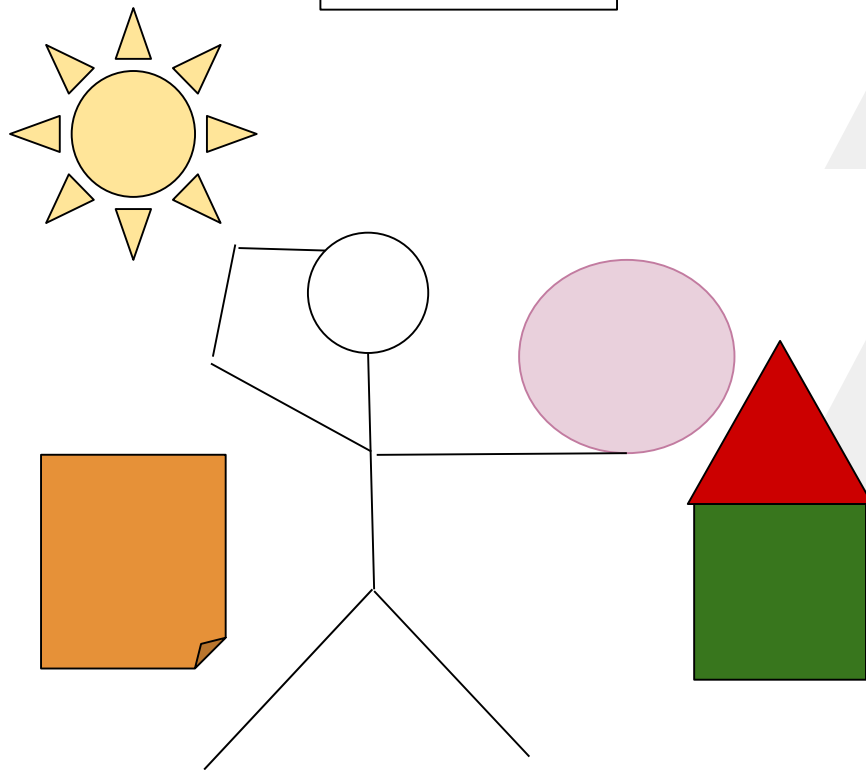
**VS.**

“Thank you, body, for doing your job and getting me ready for this presentation.”

# Fusion



# Defusion



# Stress: Same situation, different outcomes

## **Those who “cope” with stress by trying to avoid it are more likely to....**

- Distract self from cause of stress instead of dealing with it.
- Focus on getting rid of feelings.
- Turn to unhealthy behaviors to escape stress.
- Withdraw energy and attention from whatever relationship, role, or goal is causing stress.

## **Those who believe that stress can be helpful are more likely to...**

- Accept the fact that a stressful event happened.
- Seek information, help, or advice.
- Take steps to overcome, remove, or change the source of stress.
- Try to make the best of the situation by viewing it in a more positive way or as opportunity to grow.

## 2. How you see the world matters

- How you think about something can transform its effect on you.
  - Aging example
- A more positive view of stress is associated with optimism, mindfulness, and the ability to tolerate uncertainty.
- A more neutral view of our feelings/experiences can increase our psychological flexibility.
  - Acceptance and Commitment Therapy (ACT)

### 3. Focus on values

- Values are chosen life directions (Hayes and Smith, 2005; Wilson and Murrell 2004).
- Values can give dignity and meaning to your life.
- Reflecting on values in moments of stress can help you cope!
- Simply writing about your values can help you feel more powerful, in control, proud, and strong.
  - = more loving, empathic, and connected with others.
  - = AND it increases pain tolerance, enhances self-control, and reduces unhelpful thinking after a stressful experience.

# Meaning vs. avoidance

- Following your values increases meaning, interest, and adds fun to our lives, as opposed to going other directions to obtain approval from others or run away from feelings of discomfort.
  - Values are more associated with happiness and reduced stress (Creswell et al. 2005).
- Research shows that a less stressful life doesn't make people nearly as happy as they think it will.
- Stress challenges us to find meaning in our lives.

## 4. Practice willingness

- Compassionate act of self-validation in which you embrace the here and now as it unfolds.
- Willingness is a choice
  - You can observe your reason for not wanting to be willing AND still take action
  - It is not the reason that chooses, it is the person that chooses.
- Example: “List all the things you’ve done to try to overcome your eating disorder. Have they worked? If not, would you be willing to try to do something different if it meant you got to live your life?”

## 5. Willingness and commitment to change

- Commit not to perfection but larger and larger value based actions
- Mistakes will happen- remember, pain is inevitable!

- **When** you or your clients make a mistake, ask:

*“Which of your values have changed?”*

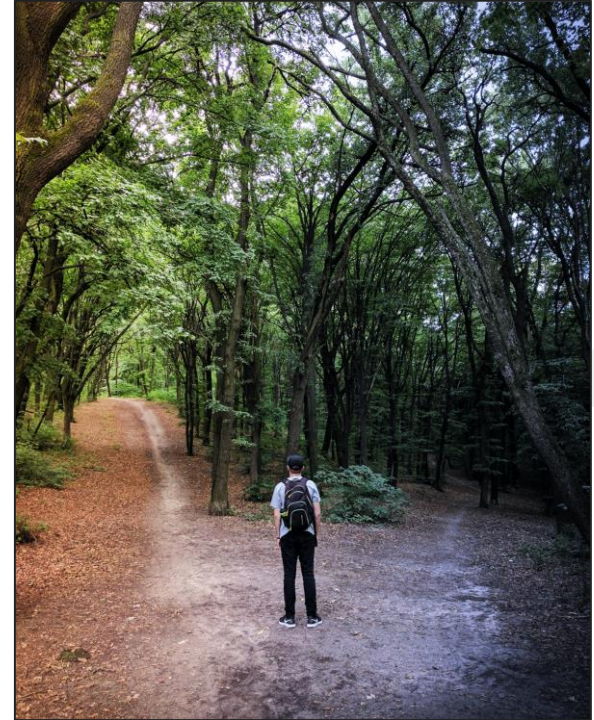
- If they haven't, you have two choices:

commit, slip, quit **OR** commit, slip, commit



# Process vs. outcome based therapy

- Outcome based therapy is focused on goals of actions.
  - Draws attention away from the present moment
  - We continually fall short
- Process based therapy is focused on living and being present.
  - There is no final 'something' to be achieved
  - We are focused on *overall direction*, not destination.



# Practical application for stressors in recovery

- 1) Acknowledge stress when you experience it.
  - a) Notice how it affects your body
- 2) Welcome the stress by recognizing it is a response to something you care about.
  - a) Can you notice the positive motivation behind the stress?
- 3) Make use of the energy that stress gives you, instead of wasting energy trying to manage stress.
  - a) What can you do right now that reflect your goals and values?

# Practical application for challenging emotions or experiences in recovery

- 1. Art piece:** Passengers on bus exercise- who is driving your bus?
- 2. Experiential:** Write down a thought/feeling/emotion/body sensation and show physically with body how close you feel you are to that thought/feeling/emotion/body sensation. Introduce concepts of defusion and willingness.
- 3. Journal exercise:** Write down what painful thoughts/feelings/emotions/body sensations showed up each day, what you did to escape or avoid them, and what it cost you to practice avoidance vs. what you can gain by moving towards acceptance.

# Final thoughts

- You are uplifted in your life by people that model psychological flexibility in their relationship with you.
- *Why wouldn't that also be true for your relationship with yourself?*
- If we hold tightly to things that are bound to change, we are bound to suffer.
- Recovery is not perfect, remain flexible, be realistic, and utilize values and willingness to commit-slip-commit.

# Assessments and additional trainings:

- Acceptance and Action Questionnaire (AAQ-2)
  - Can be used weekly or biweekly to measure psychological flexibility
- The ACT Advisor
  - Can be used to help identify how you are doing in learning flexibility skills
- Trainings:
  - Association for Contextual Behavioral Science (ACBS): [www.contextualpsychology.org](http://www.contextualpsychology.org)
  - ACT Immersion: [StevenHayes.com](http://StevenHayes.com)
  - Pesi

# Further reading

- *Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal From Post Traumatic Stress and Trauma-Related Problems* by Follette and Pistorello
- *Acceptance and Commitment Therapy for Eating Disorders* by Sandoz, Wilson, and Dufrene
- *Learning ACT: An Acceptance and Commitment Therapy Skills-Training Manual for Therapists* by Luoma, Hayes, and Walser.
- *The Happiness Trap* by Russ Harris
- *The Upside of Stress* by Kelly McGonigal

# References

- Beals, K.A. (2004). Effects of disordered eating. In *Disordered eating among athletes—A comprehensive guide for health professionals* (pp. 67–98). Champaign, IL: Human Kinetics.
- Broderick, P. and Blewitt, P. (2014). *The life span: Human development for helping professionals*. 4th ed. Harlow: Pearson Education Inc.
- Brown, B. (2007). *I thought it was just me (But it isn't). Making the journey from “What will people think?” to “I am enough.”* Penguin Random House.
- Cash, T. F. (1995). *What do you see when you look in the mirror? Helping yourself to a positive body image*. New York, NY: Bantam Books.
- Deans, E. (2011). A history of eating disorders: Anorexia as far back as the 12th century. *Psychology today*.
- Dunaev, J., Markey, C. H., & Brochu, P. M. (2018). An attitude of gratitude: The effects of body-focused gratitude on weight bias internalization and body image. *Body Image*, 25, 9-13. doi:10.1016/j.bodyim.2018.01.006
- Dunn, R., Callahan, J. L., Swift, J. K., & Ivanovic, M. (2013). Effects of pre-session centering for therapists on session presence and effectiveness. *Psychotherapy Research*, 23 (1), 78-85. Doi: 10.1080/10503307.2012.731713.
- Eichner, E.R. (1992). General health issues of low body weight and undereating in athletes. In K.D. Brownell, J. Rodin, & J.H. Wilmore (Eds.), *Eating, body weight and performance in athletes: Disorders of modern society* (pp. 191–201). Philadelphia: Lea and Febiger.
- Engeln, R., Loach, R., Imundo, M. N., & Zola, A. (2020). Compared to Facebook, Instagram use causes more appearance comparison and lower body satisfaction in college women. *Body Image*, 34, 38-45. doi:10.1016/j.bodyim.2020.04.007
- Engeln, R., Shavlik, M., & Daly, C. (2018). Tone it down: How fitness instructor’s motivational comments shape women’s body satisfaction. *Journal of Clinical Sport Psychology*, 12(4), 508-524.
- Engel, S.G., Wittrock, D.A., Crosby, R.D., Wonderlich, S.A, Mitchell, J.E., Kolotkin, R.L. (2006). Development and psychometric validation of an eating disorder-specific health-related quality of life instrument. *International Journal of Eating Disorders*, 39, 62-71.
- Fátima Servián-Franco, F., Moreno-Domínguez, S., Reyes del Paso, G.A. (2015). Body dissatisfaction and mirror exposure: Evidence for a dissociation between self-report and physiological responses in highly body-dissatisfied women. *PLOS One*, 10(4), 1-17.
- Fogelkvist, M., Gustafsson, S.A., Kjellin, L., Parling, T. (2020). *Acceptance and commitment therapy to reduce eating disorder symptoms and body image problems in patients with residual eating disorder symptoms: A randomized controlled trial*. *Body Image*, 32, 155-166.
- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using Acceptance and Commitment Therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

# References continued

- Iuso, S., Bellomo, A., Pagano, T., Carnevale, R., Ventriglio, A., and Petito, A. (2019). Sport activity as risk or protective factor in feeding and eating disorders. *Behavioral Science*, 9, 143.
- Juarascio A, Shaw J, Forman E, et al. (2013). Acceptance and Commitment Therapy as a Novel Treatment for Eating Disorders: An Initial Test of Efficacy and Mediation. *Behavior Modification*, 37(4):459-489. doi:[10.1177/0145445513478633](https://doi.org/10.1177/0145445513478633)
- Juarascio, A., Kerrigan, S., Goldstein, S.P., Shaw, J., Forman, E. M, Butryn, M., & Herbert, J.D. (2013). Baseline eating disorder severity predicts response to an acceptance and commitment therapy-based group treatment, *Journal of Contextual Behavioral Science*, 2, (3–4), 74-78.
- Laberg, J.C., Wilson, G.T., Eldredge, K., et. al. (1991). Effects of mood on heart rate reactivity in bulimia nervosa. *International Journal of Eating Disorders*, 10, 169-178.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An Acceptance & Commitment Therapy skills-training manual for therapists*. New Harbinger.
- Nattiv, A., Loucks, A.B., Manore, M.M., Sanborn, C.F., Sundgot-Borgen, J., & Warren, M.P. (2007). The female athlete triad. *Medicine & Science in Sports & Exercise*, 39, 1867–1882. PubMed doi:[10.1249/mss.0b013e318149f111](https://pubmed.ncbi.nlm.nih.gov/10.1249/mss.0b013e318149f111)
- Noles, S.W., Cash, T. F., & Winstead, B. A. (1985). Body image, physical attractiveness, and depression. *Journal of Consulting and Clinical Psychology*, 53(1), 88-94.
- Powell, M. R., & Hendricks, B. (1999). Body schema, gender, and other correlates in non-clinical populations. *Genetic, Social, and General Psychology Monographs*, 125(4), 333-412
- Rauh, M.J., Nichols, J.F., & Barrack, M.T. (2010). Relationships among injury and disordered eating, menstrual dysfunction, and low bone mineral density in high school athletes: A prospective study. *Journal of Athletic Training*, 45, 243–252. PubMed doi:[10.4085/1062-6050-45.3.243](https://pubmed.ncbi.nlm.nih.gov/10.4085/1062-6050-45.3.243)
- Rickenlund, A., Eriksson, M.J., Schenck-Gustafsson, K., & Hirschberg, A.L. (2005). Amenorrhea in female athletes is associated with endothelial dysfunction and unfavorable lipid profile. *The Journal of Clinical Endocrinology and Metabolism*, 90, 1354–1359. PubMed doi:[10.1210/jc.2004-1286](https://pubmed.ncbi.nlm.nih.gov/10.1210/jc.2004-1286)
- Robins, R.W., Trzesniewski, K. H., Tracy, J. L., Gosling, S. D., & Potter, J. (2002). Global self-esteem across the life span. *Psychology and Aging*, 17, 238.
- Signorielli, N. (1997). *A content analysis : reflections of girls in the media : a study of television shows and commercials, movies, music videos, and teen magazine articles and ads*. Children Now : Henry J. Kaiser Family Foundation
- Singh, S.R, Watford, T.S, Cotterman, R.E., O'Brien, W.H (2020). , A pilot study of acceptance and commitment therapy for sexual minorities experiencing work stress, *Journal of Contextual Behavioral Science*, 16, 25-29.
- Timko, C.A., Zucker, N.L., Herbert, D., Rodriguez, R.M., Merwin. (2015). An open trial of Acceptance-based Separated Family Treatment (ASFT) for adolescents with anorexia nervosa. *Behavior Research and Therapy*, 69, 63-74. doi:[10.1016/j.brat.2015.03.011](https://doi.org/10.1016/j.brat.2015.03.011)
- Tuschen-Caffier et al. (2015). Selective visual attention during mirror exposure in anorexia and bulimia nervosa. *PLOS One*, 10 (12), 1-18.
- Tuschen-Caffier, B., Vogle, C., Bracht, S., et al. (2003). *Psychological responses to body shape exposure in patients with bulimia nervosa*. *Behavior Research and Theory*, 41(5), 573-586.





Questions or comments?

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