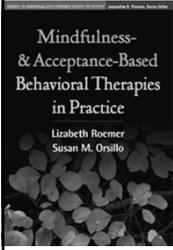
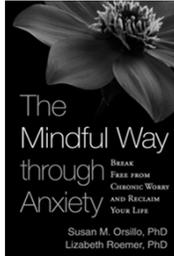


**Mindfulness and acceptance-based behavioral therapy for generalized anxiety and comorbid disorders**



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**Disclosures**

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**Therapists and clients**

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<b>Outline</b>
<ul style="list-style-type: none"> <li>□ <b>Review of research and model that informs case conceptualization</b></li>   <li>□ <b>Acceptance-based behavioral therapy</b> <ul style="list-style-type: none"> <li>➢ <b>An overview of goals, methods and issues that commonly arise</b> <ul style="list-style-type: none"> <li>▪ Cultivating acceptance and mindfulness</li> <li>▪ Encouraging values-consistent living</li> </ul> </li> </ul> </li> </ul>

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<b>cognitive BEHAVIORAL approaches (cBt)</b>
<ul style="list-style-type: none"> <li>□ <b>Conceptualize clinical problems as learned, habitual, serving a function</b></li> <li>□ <b>Teach clients to understand difficulties and strategies for change</b></li> <li>□ <b>Increase behavioral flexibility</b></li> <li>□ <b>Increase awareness</b></li> <li>□ <b>Use out-of-session practice</b></li> <li>□ <b>Demonstrated efficacy with wide-range of disorders</b></li> </ul>

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<b>Acceptance-Based Behavioral Therapies</b>
<ul style="list-style-type: none"> <li>□ <b>Acceptance and Commitment Therapy (ACT; Hayes et al., 1999)</b></li> <li>□ <b>Dialectical Behavior Therapy (DBT; Linehan, 1993)</b></li> <li>□ <b>Mindfulness-based Cognitive Therapy (MBCT; Segal et al., 2002)</b></li> <li>□ <b>Integrative Behavioral Couples Therapy (IBCT; Jacobson &amp; Christensen, 1996)</b></li> </ul>

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<b>ABBTs</b>
<ul style="list-style-type: none"> <li>❑ <b>Emphasize quality of life</b></li> <li>❑ <b>Teach skills that can be practiced without symptoms</b></li> <li>❑ <b>May target common mechanisms of change</b></li> <li>❑ <b>May enhance other evidence-based treatments (e.g., increase motivation for exposure)</b></li> </ul>

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<b>Conceptual Model of GAD and Comorbid Disorders<sup>1</sup></b>
<pre> graph TD     A[Problematic Relationship with Internal Experiences] &lt;--&gt; B[Experiential Avoidance]     A &lt;--&gt; C[Behavioral Avoidance/Constriction]     B &lt;--&gt; C           </pre>
<small><sup>1</sup>Informed by a model of psychopathology described by Hayes et al., 1996</small>

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<b>Problematic Relationships with Internal Experience</b>
<ul style="list-style-type: none"> <li>❑ <b>Restricted awareness/ focus on threat</b></li> <li>❑ <b>Fusion/ entanglement with internal experiences</b></li> <li>❑ <b>Emotions viewed with fear and distress<sup>1</sup></b></li> <li>❑ <b>Reactivity, critical judgmental of internal experiences</b></li> </ul>
<small><sup>1</sup>Lee et al., 2010; Mennin, 2005, Williams et al., 1997</small>

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## Experiential Avoidance

- ❑ Viewing internal experiences as threatening, dangerous motivates efforts to avoid<sup>1</sup>
- ❑ Worry serves an experientially avoidant function
  - Cognitive avoidance of somatic arousal<sup>2</sup>
  - Distraction from more emotional topics<sup>3</sup>
- ❑ Consequences
  - Increases distress; contributes to problematic relationship with internal experiences
  - Motivates behavioral avoidance

<sup>1</sup>Lee et al., 2010; Hayes et al., 1996; <sup>2</sup>Borkovec et al., 2004; <sup>3</sup>Borkovec & Roemer, 1995

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## Behavioral Avoidance/ Constriction

- ❑ Less likely to engage in valued behaviors<sup>1</sup>
  - Behavior driven by avoidance rather than choice
  - Diminishes quality of life<sup>1</sup>
- ❑ May appear to be active/busy
  - Worry, anxiety and avoidance efforts prevent true engagement

<sup>1</sup>Michelson et al., 2010; Wilson & Murrell, 2004

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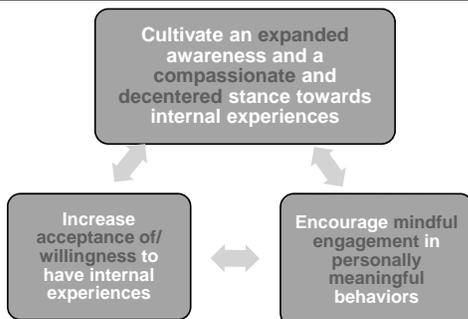
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## Goals of an ABBT for GAD



<sup>1</sup> Informed by ACT (Hayes et al., 1999), MBCT (Segal et al., 2002), and DBT (Linehan et al., 1993)

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<b>Research Context</b>
<ul style="list-style-type: none"><li>❑ <b>Individual psychotherapy for GAD principal dx</b> (comorbidity, stable meds allowed)</li><li>❑ <b>16 sessions</b><ul style="list-style-type: none"><li>➢ First four 90 minutes</li><li>➢ Last two are every other week</li></ul></li><li>❑ <b>Concepts of acceptance, mindfulness and values are interwoven into all sessions</b></li><li>❑ <b>Two phases of treatment</b></li></ul>

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<b>Phase I</b>
<ul style="list-style-type: none"><li>❑ <b>Begin with a mindfulness exercise</b></li><li>❑ <b>Review outside of session work</b></li><li>❑ <b>Go over new concept</b><ul style="list-style-type: none"><li>➢ Present using handouts and psychoeducation</li><li>➢ See how it fits with clients' experience</li><li>➢ Use metaphors and exercises to illustrate concepts</li></ul></li><li>❑ <b>Develop new out of session work</b></li></ul>

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<b>Phase II</b>
<ul style="list-style-type: none"><li>❑ <b>Client chooses mindfulness exercise</b></li><li>❑ <b>In and between session application of principles to life material</b><ul style="list-style-type: none"><li>➢ Explore opportunities for valued action</li><li>➢ Use acceptance and mindfulness in response to urges to experientially avoid</li><li>➢ Revisit concepts presented in earlier sessions as needed</li></ul></li></ul>

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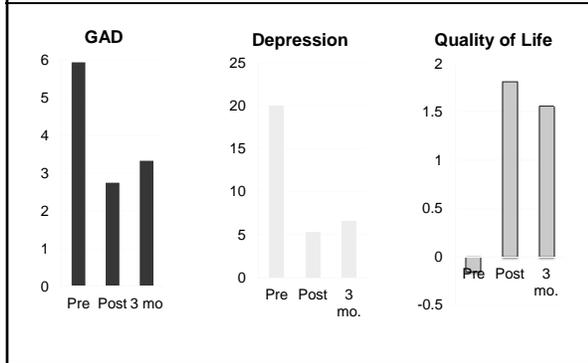
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### Open Trial (Roemer & Orsillo, 2007)




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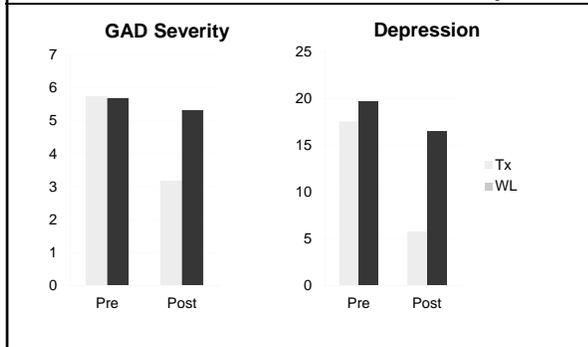
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### Waitlist RCT (Roemer, Orsillo & Salters-Pedneault, 2008)




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### Maintenance of Change

	Post	3 month	9 month
GAD	3.10	3.22	2.98
BDI	5.99	6.68	7.69
QOLI	2.04	1.99	2.05
MAAS	3.88	4.03	3.98

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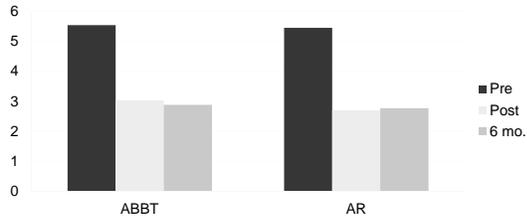
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### ABBT v AR RCT: GAD CSR (Hayes-Skelton et al., in press)



Time:  $t(116.14) = -7.92, p < .001, d = 1.47$   
 Time X Tx:  $t(115.23) = 0.01, p = .99, d = 0.002$

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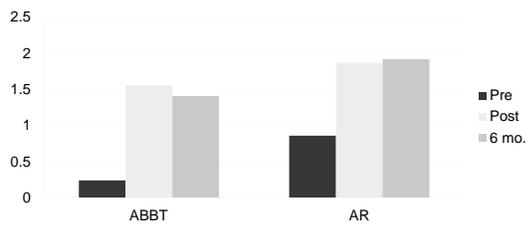
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### Quality of Life Inventory



Time:  $t(120.24) = 4.07, p < .001, d = 0.74$   
 Time X Tx:  $t(122.50) = 0.59, p = .55, d = 0.11$

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### Clinical Significance

	ABBT	AR
<b>Post</b>	<b>73.3% (22/30)</b>	<b>72.7% (24/33)</b>
<b>6 Month Follow-Up</b>	<b>80.0% (20/25)</b>	<b>75.0% (21/28)</b>
<b>Last value forward</b>	<b>76.7% (23/30)</b>	<b>66.7% (22/33)</b>

Within normative range on 3 of 5 anxiety measures (Newman et al., 2011)

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**Other Findings/Ongoing Research**

- **Common mechanisms of change**
  - Mindfulness, decentering, experiential acceptance
- **Applicability of treatment to ethnically and economically diverse clients**
- **Portability/Training**
- **Adaptations**
- **Basic research studies**

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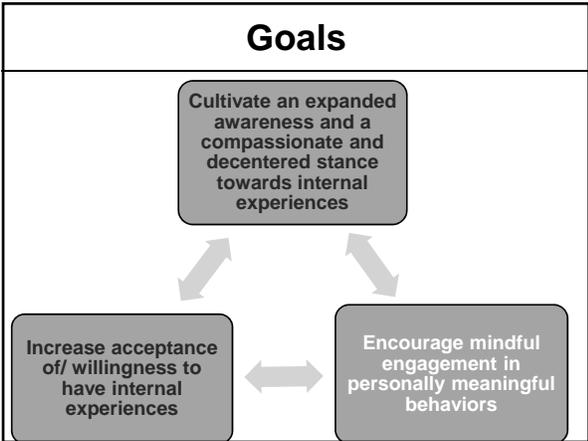
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**Methods**

- ❑ **Therapeutic relationship**
- ❑ **Psychoeducation**
- ❑ **Mindfulness practice**

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## Therapeutic Relationship

- **Model the treatment**
  - Be mindfully engaged in session
  - Demonstrate willingness to tolerate painful emotions and thoughts
- **Validate and normalize client's pain and struggle**

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## Psychoeducation

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## Presenting Psychoeducational Material

- **Handouts to reinforce learning**
- **Present general concept and then explore how it may fit with client's experience**
- **Don't attempt to persuade or debate**
  - Client encouraged to consider over time
- **Recognize limits of psychoeducation**
  - Experiential learning supports concepts

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**Psychoeducation**

- ❑ **Function of fear**
  - Valued living involves taking risks and facing challenges
- ❑ **Function of worry**
  - Ability to consider the future is adaptive, but unfortunately we cannot control it
  - Worry as avoidance
- ❑ **Function of emotions**
  - Provide information and prepare us

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**But, Sometimes Emotions  
Become Muddled....**

(like when fear becomes  
clinical)

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**How Can We Tell When  
Emotions are Muddy?**

- ❑ Stronger and/or last longer
- ❑ Diffuse – “upset” or “distressed”
- ❑ Confusing
- ❑ Feels really familiar, like part of personality rather than a reaction to situation
- ❑ Feel judgmental or critical about our reaction
- ❑ Feel caught up in or entangled in our emotional response

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### How do Emotions become Muddy?

- ❑ Failures in self-care
- ❑ Emotions connected to future, imagined or past, remembered events
- ❑ Problematic relationship
  - Fusion/entangled
  - Critical/ judgmental
  - Experiential avoidance
    - Limits and paradoxical effects

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### How Do We Clarify Muddy Emotions? Mindfulness

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### Mindfulness Skills

- ❑ Develop a spacious awareness of present moment
- ❑ Develop a curious, compassionate, observant stance
- ❑ Notice the transient nature of internal experiences
- ❑ Beginner's mind

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<b>Mindfulness Methods</b>
<ul style="list-style-type: none"> <li>❑ <b>Self-monitoring</b></li> <li>❑ <b>Formal practice</b></li> <li>❑ <b>Informal practice</b></li> <li>❑ <b>In and out of session</b></li> <li>❑ <b>Neutral and emotionally charged situations</b></li> </ul>

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<b>Self-Monitoring</b>
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<b>Self-Monitoring</b>
<ul style="list-style-type: none"> <li>❑ <b>Break habitual avoidance habit</b></li> <li>❑ <b>Turning towards internal experiences</b></li> <li>❑ <b>Developing fuller awareness of responses/ interconnections</b> <ul style="list-style-type: none"> <li>➢ <b>Thoughts, emotions, behaviors, consequences</b></li> </ul> </li> <li>❑ <b>Decentering or defusing</b></li> <li>❑ <b>Progressively more challenging</b> <ul style="list-style-type: none"> <li>➢ <b>Target related to psychoeducation</b></li> </ul> </li> </ul>

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Date	Topic	Situation	Emotion
11/1	Bills	At desk at work	Anxious Angry
11/2	Conflict with boss	In bed	Anxious Angry Sad

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Date	Topic	Situation	Emotion	Efforts to Control
11/8	Job interview	In bed	Anxious	Tried to push out of my mind so I could fall asleep
11/9	Conflict with mother	At desk at work	Sad; angry	I don't want to feel sad about this - she is wrong - I should be angry - need to be able to talk to her without crying!

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Date	Situation	First Reactions (thoughts, feelings, sensations)	Second Reactions (efforts to control, critical responses, compassion)	Actions/Responses
11/7	Meeting with boss, ask for a raise	Scared Proud Blushing "She is mad" "I don't deserve a raise"	Too overwhelmed I can't let her see how nervous I am Distract myself so I don't cry	Tell her I need to go and attend to a client issue
11/9	Bed at night/ replaying interaction with boss	Anger, sadness "I am pathetic"	"I'm so hard on myself" Practice self-compassion	Write her an email asking for a meeting.

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## Concerns about Self-Monitoring

- Do I have to write things down in the situation?
  - Assumption that SM is something done for the therapist
- Do I have to mark down every time I am anxious?
- Won't paying attention make me more anxious?

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## Formal Mindfulness Practices

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## Exploring Mindfulness Practice

- What did you notice?
- Validate humanness of all experiences
- Listen for judgment – “good” or “bad” practice
- Connect observations to presenting problems and goals of treatment

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## Mindfulness Progression

- Awareness of body sensations
  - Awareness of Breath
  - Progressive Muscle Relaxation
- Beginner's Mind
  - Raisin Exercise
  - Mindfulness of Sound

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## Progression (cont.)

- The challenge of thoughts and emotions
  - Labeling internal experiences
  - Mindfulness of Emotion
  - The Clouds Exercise
  - Leaves on a Stream
  - New language conventions

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## Progression (cont.)

- Compassion
  - The Guest House
  - Wild Geese
  - Inviting a difficulty in
- Developing a sense of the transience of experience
  - Observer exercise
  - Mountain meditation

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**Informal Mindfulness Practice**

- **Daily activities/ routines**
  - Washing dishes, folding laundry, brushing teeth
- **More challenging situations**
  - Interactions with boss, conflict with partner, parenting situations

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**Struggles with Self-Compassion**

- Emotional responses are unacceptable
- Misunderstanding self-compassion
  - = heaping false praise on oneself
  - = ignoring or denying our mistakes
  - = selfish
- Fear of self-compassion
  - It will turn me into a lazy softie
- I don't deserve it

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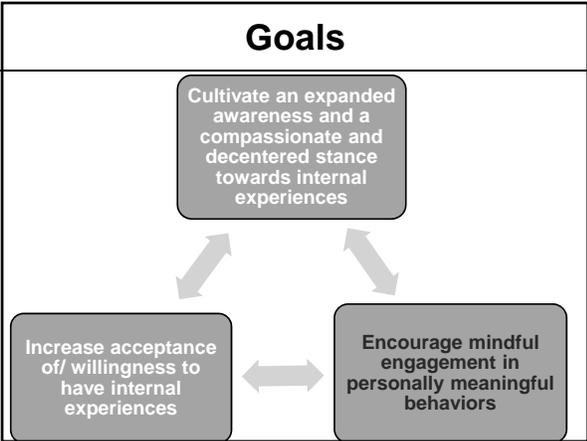
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## Values articulation and action

- Psychoeducation**
- Emotional processing/writing exercises**
- Self-monitoring**
- Engagement in action**

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## Psychoeducation

- Goals can be helpful**
  - But, contain assumption that where you are now is not enough
- Values differ from goals**
  - Process not endpoint
  - Present moment versus future focus
- Willingness is an alternative to avoidance that promotes engagement in valued living**
  - Swamp metaphor

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## Values Writing Assignment I

- **How is your anxiety interfering with...**
  - Relationships (partner, family, friends)
  - Work, education, training, household management
  - Self-nourishment and community activities
- **Writing Assignments**
  - 20 minutes on 4 different days
  - Explore deepest thoughts and emotions about topics
  - Don't worry about grammar

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### Values Writing Assignment II

- **Relationships**
  - How open or private would you like to be? How would you like to communicate with others?
- **Work/Education**
  - What kind of work do you want to be engaged in? What sort of work habits are important to you? What challenges do you want to take on?
- **Self-nurturance/Community Involvement**
  - How would you like to spend your free time? What do you want to do for fun? To better take care of yourself or others?

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### Values Assignment III

- **Name one or two values in each domain**
  - Relationships
  - Work/Education
  - Self-nurturance and community involvement
- Identify obstacles that prevent you from living consistently with values

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Value: To Connect with Others: To Connect with others

Date	Action	Taken (T) or Missed (M)	Mindfulness (0-100)	Obstacles
7/4	Co-worker invited me to lunch	M	30	I was afraid I wouldn't be interesting and fun enough. Going to lunch would make me feel too anxious
7/7	Talked to my partner about how I was feeling	T	80	

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### **Making a Commitment to a Values-Consistent Life**

- ❑ Identifying values consistent actions to be taken
- ❑ Use mindfulness/acceptance/defusion to address obstacles
- ❑ Bring mindfulness to valued living

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### **Values Writing Assignment IV**

- What is the importance of the values you have chosen? What do they mean to you?
- What are the biggest obstacles that stand between you and the changes you want to make?
- What positive and negative reactions come up when you think about making a commitment to change?

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### **Common Stuck Points with Values**

- I have no control over valued domains
  - Wanting other people to act differently
  - Situations/ circumstances beyond my control
- Separating my values from the values of those around me
- Indecision/ fear of articulating a value
- Balancing values across domains

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## Bringing It All Together



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## Termination and Relapse Prevention

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## Review Elements of Treatment

- Overview of model and strategies
- Identify particularly useful strategies
- Establish ways of reminding self of concepts and strategies
  - Use of binder and handouts
  - Suggestions for maintaining mindfulness practice
- Setbacks and struggles are expected

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## Mindfulness Suggestions

Practice	Helpfulness
Breath	Basic portable practice
Breathing Space	Helpful when racing from one activity to another or to check in and get centered
Mindfulness of Emotions	When experience muddy, or intense reactions
Thoughts on Clouds, Leaves or Movie Screen	When entangled, fused or tied in unjudgments
Mindfulness of Sounds/ Eating Mindfully	When you are bringing expectations to a situation; not necessarily watching as it unfolds
The Guest House/ Inviting a Difficulty In	When you are struggling with willingness
The Mountain Meditation	When you need help connecting to inner strength and stability

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## Signs to Revisit Mindfulness and Valued Action

- Feeling increasingly anxious/stressed/ frazzled
- Feeling checked out or disconnected
- Having muddied reactions more frequently
- Feeling constrained in life – like you don't have freedom or flexibility
- More frequently passing up valued activities
- Repeatedly thinking things will get better after this one hurdle is passed

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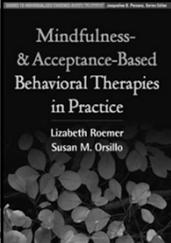
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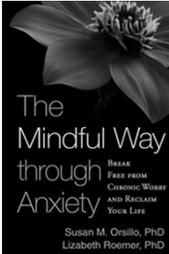
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Mindfulness- & Acceptance-Based Behavioral Therapies in Practice  
Elizabeth Roemer  
Susan M. Orsillo

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



The Mindful Way through Anxiety  
BREAK FREE FROM CHRONIC WORRY AND RECLAIM YOUR LIFE  
Susan M. Orsillo, PhD  
Elizabeth Roemer, PhD

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