UM Center for Contextual Psychology
dedicated to
World Domination through Peace, Love, and Understanding

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Doing What Works:
The Place of Acceptance, Mindfulness, & Values in the Treatment of Sexual Abusers

ACT-what it is...
A contemporary contextual behavioral therapy deeply rooted in a pragmatic philosophy of science.

Are theories true?
"a special sense in which it could be 'true' if it yields the most effective action possible." (1974, p. 235)

The Culture Responds to SA

Megan's law
understandability?
and workability?
Embedded in Megan's law is a theory about the most effective way to deal with SA's
but is it a "true" theory?

The ACT Model
Lots of books
the original
still a go to text for ACT, under revision
Mindfulness for Two
most detailed treatment of the current process model

Acceptance and Commitment Therapy
"ACT"

We lose the moments of our lives
worry, rumination, inattention, distraction
Teach clients to bring flexible, focused attention to bear, on purpose, in the present moment?
on benign content, in ecologically important content
We become inflexible in self-definition
lessened ability to adapt and respond
Teach flexible interaction with self
perspective taking: time, content, perspective of others
multiple perspectives and wisdom

We struggle with aspects of our experience
we want more, we want less
life is what gets missed as we push away what we have and grasp at what we do not
Teach active acceptance when valued living calls for it?

We live inside stories about the world that restrict and narrow living
what is possible/impossible, fair/unfair, must/can’t
Teach open, accepting, present moment focused interaction with these stories
Teach workability perspective, not veracity

Two parts to values work:
values appreciation/mindful awareness
eventually if fusion and avoidance are high
teach active construction/authorship of valued patterns
focus on process, not outcome

Two parts to commitment work:
commitment appreciation/mindful awareness
eventually if fusion and avoidance are high
teach commitment as process of returning
focus on process, not outcome
Contrasting Models

Many models suggest
bad content = bad functioning
therefore change content
replace irrational with rational, improper with proper, bad urges with good urges

The ACT Model
content may be a problem depending on our relationship to that content
alter relationship to content
bring mindful attention to valued living

Coping with Psychotic Symptoms
Bach & Hayes, JCPP, 2002

80 S’s hospitalized with hallucinations and/or delusions
3 hours of ACT vs. TAU

Impact on Rehospitalization

Processes of Change: Symptoms

Processes of Change: Symptom Reporting and Acceptance

Two Data Sets: What happens in ACT?

Symptoms go down
Symptoms stay the same
No one is opposed to symptoms going down, but what happens when they do not?
Whiplash Associated Disorder
Wicksell, Aikens, Sting, Malin, & Olson, 2008

- 21 patients with whiplash associated disorder.
- ACT versus wait list
- Pre / post / 4mo f-up

Between Effect Sizes (p eta sq)
Post through F-U

- Pain disability .44
- Life satisfaction .4
- Fear of movement .4
- Depression .6
- Pain intensity .01 n.s.
- Pain interference .31

All p < .01 except as indicated; medium = .09, large = .25

Work on Mindfulness and Acceptance is Exploding

As is our own Work on ACT
Cumulative Outcome Publications

ACT RCTs

- Depression 3
- Stress 4
- Psychosis 2
- Anxiety 1
- Pain 4
- Burnout 1
- Trich 1
- Addiction 2
- MR/DD 1
- OCD 1
- Epilepsy 1
- Diabetes 1
- Weight 3
- Prejudice 2
- Learning 2
- Cancer 2
- Smoking 3
- BPD 1
- Fitness 1
If you are interested...

1. ACT in general join ACBS
   - www.contextualpsychology.org
2. Mindfulness for Two
   - www.mindfulnessfortwo.com
   - Sample chaps, videos, audio, worksheets
3. Training with me
   - www.onelifeltc.com
   - kwilson@onelifeltc.com