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EXPERIENTIAL AVOIDANCE VERSUS ACCEPTANCE: DIFFERENTIATING BETWEEN PRIMARY AND SECONDARY DISTURBANCES IN RATIONAL-EMOTIVE BEHAVIOR THERAPY

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Introduction: Albert Ellis' Rational Therapy, founded in 1955, evolved into Rational-Emotive Therapy (RET) in 1959; and finally as Rational-Emotive Behavior Therapy (REBT) in 1992. This evolution has showed, much more, its resemblance to Acceptance and Commitment Therapy (ACT) (Ellis, 2005). REBT highlights treatment of secondary disturbances (berating oneself for having symptoms), beyond primary ones (nosographical symptoms), because these are ways of control and experiential avoidance which foster suffering.

Objectives: To treat primary anxiety in a patient reducing his secondary disturbance through TREC.

Methods: Participants: A 40-year-old man diagnosed with Panic Disorder who attended a Public Mental Health Service. He was being treated with Alprazolam y Lorazepam, which he has taken before psychotherapy.

Design, materials and procedure: It's implemented a single-subject AB design during 4 months (7 therapeutic sessions). It's applied a weekly self-report to record panic attack frequency and variations in anxiolytics-taken. C Young ($p < 0.01$) was used for statistical analysis of data and the method of least squares to obtain trend line. 16 measures were registered at a weekly interval.

Results: Significant declining trends are observed in panic attack frequency ($C=.750$, $Z_o=3.201$, $Z_t=2.240$), and collaterally in anxiolytics-taking (Alprazolam: $C=.811$, $Z_o=3.462$, $Z_t=2.240$; Lorazepam: $C=.801$, $Z_o=3.420$, $Z_t=2.240$) from beginning of therapy.

Conclusions: Techniques targeting symptoms-extirpation induced intolerance and self condemnation feelings when patient didn't achieve the wanted control (as way of destructive experiential avoidance -Luciano and Hayes, 2001). Treating these feelings (secondary disturbance), based on symptomatology acceptance (Ellis, 2005), decreased distress related to panic attacks and paroxysmal crisis frequency itself.