Acceptance and Commitment Therapy:
Transcending Traditional Approaches

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Objectives Day One

- To explain the underlying theoretical and philosophical principles of the model

- Discuss the six basic tenets of ACT

- To layout the general clinical approach

- To give examples of the experiential techniques and concepts to gain some skill in using them

- To encourage you to explore this model experientially

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Informed Consent

- At times, this workshop will ask for your willingness to engage in experiential exercises
- Your privacy will never be violated, but you will be invited to take a few risks
- For that reason, we must agree to confidentiality
- You may choose to decline participation

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The Ubiquity of Human Suffering

The assumption of "Healthy Normality" is a myth

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Alternative Assumption: Destructive Normality

Normal language and cognitive processes often are destructive and can amplify or exacerbate normal processes into pathological suffering.

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Question:

If that is true, why don't we all struggle with anxiety, depressed moods, insecurities, fears, etc….?

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What is "third wave" therapy

- First wave: behavioral therapy

- Second wave: cognitive behavioral therapy

- Third wave: acceptance-based behavioral therapy

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All third-wave therapies are…

Grounded in an empirical, principle-focused approach, the third wave of behavioral and cognitive therapy is particularly sensitive to the context and functions of psychological phenomena, not just their form. Thus, it tends to emphasize contextual and experiential change strategies in addition to more direct and didactic ones (Hayes, 2004).

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The third-wave therapies

- Dialectical behavioral therapy (DBT)
- Acceptance and commitment therapy (ACT)
- Mindfulness-based cognitive therapy (MBCT)
- Functional analytic psychotherapy (FAP)

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Third-wave therapies are…

- More contextual and experiential, less didactic, and more focused on function over form

- Unlike CBT, there is little emphasis on changing the content of thoughts; instead, the emphasis is on changing awareness of and relationship to thoughts

- Help improve outcomes

- Help improve understanding of human behavior

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All third-wave therapies include:

- Acceptance and mindfulness
- Spirituality
- Values
- Emotional deepening
- Genuineness, intimacy
- The present moment

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The third-wave approach

COGNITIVE

- Develop awareness of getting hooked to negative thoughts and thinking patterns
- Develop balanced thinking by looking at the function of "buying into" negative thinking vs. learning to just "notice" thoughts
- Learn new skills i.e. acceptance, defusion, self-compassion, mindfulness

BEHAVIOURAL

- Clarifying what and who is important in life

- Commit to engaging in value-based behaviours.

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Acceptance and Commitment Therapy (ACT)

- A form of third-wave experiential behavioral psychotherapy
- based on a relational frame approach to human language,
- and a resulting perspective on psychopathology

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Acceptance and Commitment Therapy (ACT)

- Pronounced as one word ACT not "A-C-T"
- Emphasis on acceptance-willingness to have
- Approach to cognition
  - Not disputing "negative thoughts"
  - Not trying to change thoughts (though change sometimes happens)
  (Hayes et al., 1989)

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ACT…
- very experiential
- use of metaphors
- perception of both therapist and client as people struggling with what life offers
- ACT focuses on the individual's behavior and the context in which it occurs.
- Treatment success is the "successful working" of an individual's behavior according to that person's values and desired outcomes.

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ACT suggests…

- psychological pain is normal
- *cannot* get rid of it
- *pain* is different from *suffering*
- accepting your pain reduces suffering

(Hayes and Smith, 2005)

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ACT from the Beginning

- In the late 1970s / early 1980s, Steven Hayes et al. began to develop a view based on the behavioral literature on rule governance that psychopathology was often an issue of cognitive rigidity
- Hayes et al. developed and borrowed procedures to undermine attachment to verbal rules and to focus on behavior change instead
- They called it "Comprehensive Distancing"
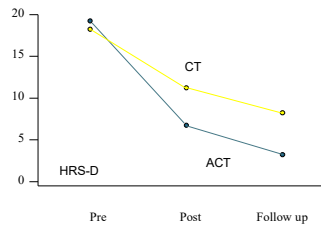- And they tested it

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First Clinical ACT Study

- Very small (N = 18) randomized pilot with depressed subjects comparing Beck's CT and ACT in a 12-week study (3-month follow-up)

- Done at Beck's Center for Cognitive Therapy by a Beck-trained cognitive therapist
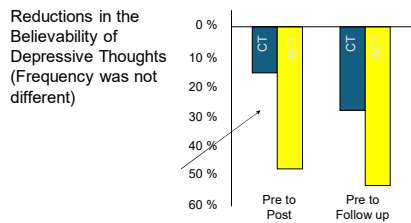
- With process measures

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Difference in Outcome
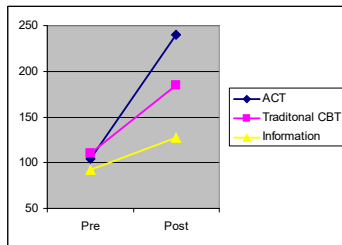

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With Different Change Processes

Reductions in the Believability of Depressive Thoughts (Frequency was not different)

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First ACT Component Study

❖Acceptance and defusion practice
❖CBT practice
❖Information about pain
❖32 subjects
❖Cold pressor task (up to 5 minutes)

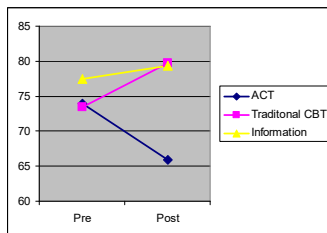*(Hayes et al., Psych Record, 1999)*

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Results – Seconds of Pain Tolerance

Cohen's d at post = .5 (CBT) and .97 (AP)

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Results – Believability of Emotional and Cognitive Reasons

Cohen's d at post = .89 (CBT) and .91 (AP)

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Then they did something strange…

- Hayes et al. stopped doing ACT research for nearly 15 years and in fact, did not even publish the pain study until 15 years later

- During that time, they worked on the philosophy of science – coming up with functional contextualism

- And they worked on a basic theory of language and cognition

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As of mid-2024, there are nearly 1,050 ACT randomized controlled trials.

Details of each of these studies, along with links to the original research articles, can be found on:

https://contextualscience.org/ACT_Randomized_Controlled_Trials

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American Psychological Association, Society of Clinical Psychology (Div. 12), Research Supported Psychological Treatments:

• Chronic Pain - Strong Research Support

•
  Depression - Modest Research Support

•
  Mixed anxiety - Modest Research Support

•
  Obsessive-Compulsive Disorder - Modest Research Support

• Psychosis - Modest Research Support

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Book reviewing ACT Research

Hooper, N., & Larsson, A. (2015) The research Journey of Acceptance and Commitment Therapy (ACT). London: Palgrave Macmillan

http://www.palgrave.com/gp/book/9781137440150#otherversion=97811374401
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Limitations of Research

Limitations of the Research and Potential Risks
- Acute, florid hallucinations
- Catatonic depression
- Individuals with an adverse reaction to mindfulness exercises

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ACT: The Foundation
Philosophy and Theory

-Functional Contextualism (FC)

-Relational Frame Theory (RFT)

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Why Learn Functional Contextualism and RFT?

- Understand how language is the source of our suffering

- Use language as an intervention

- Helps to become a more competent ACT clinician!

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What is Functional Contextualism?

A modern philosophy of science rooted in philosophical pragmatism and contextualism. It is most actively developed in behavioral science in general and the field of behavior analysis and contextual behavioral science.

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In other words,

1. **Context Matters**: Imagine you're solving a puzzle. Instead of examining individual pieces, functional contextualism encourages you to consider the whole picture—the context. It's like understanding a word by examining its sentence.
2. **Useful Insights**: Functional contextualism focuses on **valuable insights**. It's not about being perfectly accurate; it's about what helps you take effective action. Think of it as finding practical solutions rather than just theoretical answers.
3. **Behavior and Language**: This idea is used in psychology and therapy. Therapy is about understanding how our thoughts and feelings affect our actions. It's like figuring out how words (language) impact our behavior.

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Functional Contextualism

- Functional Contextualism is the underlying philosophy of ACT

- What is the "function" of any particular behavior?

- Core focus of Act becomes "workability"

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Context

• Anything that influences behavior
• Can be anything that precedes behavior (Antecedent)
• Can be anything that comes after behavior (Consequence)

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ALWAYS ASK YOURSELF WTF?!
(What the function)

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What are the Functions of Human Behavior?

• Escape/Avoidance – escaping or avoiding pain or a demand situation.

• Attention – a behavior done to gain the attention of others.

• Access – a behavior to access a tangible object or situation.

• Sensory – a behavior that is self-stimulatory to feel good.

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Example:

      Eating a piece of candy (Behavior)

      Can be influences by being hungry
      (Antecedent)

      AND

      Can be influenced by the taste of candy
      in the mouth (Consequence)

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What Contexts Exist?

- Situational
- Physiological
- Genetic
- Epigenetic
- Cognitive
- Social Cultural
- Emotional
- Interpersonal
- Development and learning history

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Example:

- Situational – Place where the behavior of eating candy is influenced
  - Trick-or-Treating
  - Birthday Party

- Interpersonal – Thoughts and emotions that may influence the behavior of eating candy
  - I want candy too!
  - I'm bored

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IF our behaviors are influenced by the context…

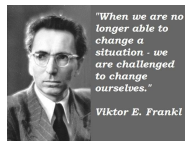THEN

we can change the context to change our behaviors

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Two Main Ways of Changing the Context

Concrete AKA Direct

Symbolically

"When we are no longer able to change a situation - we are challenged to change ourselves."
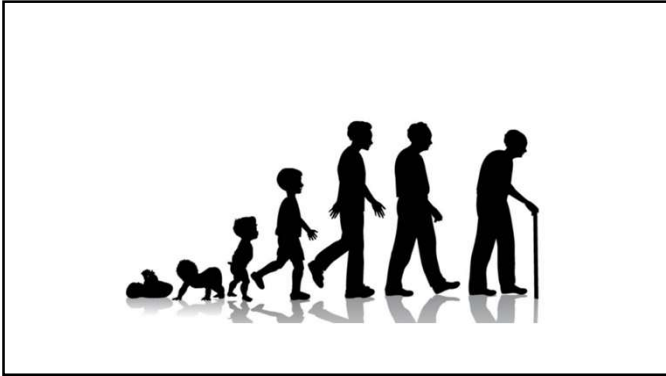
Viktor E. Frankl

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Relational Frame Theory: The Role of Language

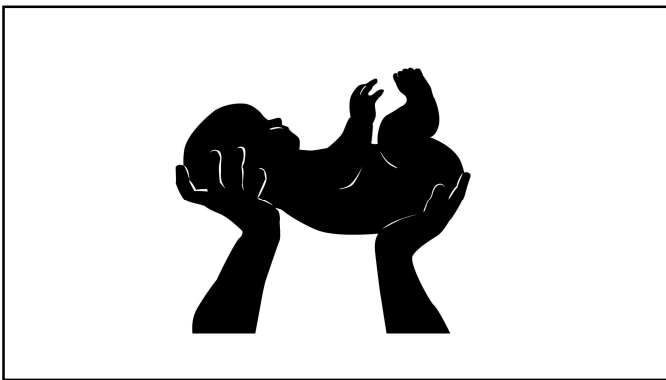Language is a double edge sword

Light and dark side of human language

Language is the reason for the ascendance of species AND the primary cause of our suffering

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Receptive language - the understanding that words have meaning

Expressive language - the ability to say words with meaning

As we develop, we start to understand that sounds become words and words are given meaning.

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Learning through language and cognition is secondary to learning through experience.

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We learn through arbitrary and non-arbitrary means

Non-Arbitrary

Arbitrary

Repulsed
Disgusted
Queasy
Nauseated

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Non-Arbitrary

Arbitrary

Yummy
Sweet
Good
Delicious

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Function of Behavior

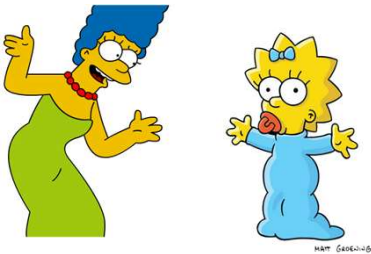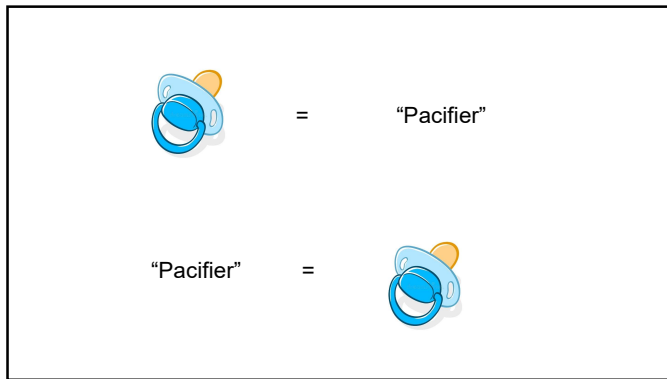**Aversive Stimulus**

Appetitive Stimulus

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Foundation of Language

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RFT Model of Psychopathology

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Ironic Processes

The more you scratch the more you itch!

Trying not to think about X…
Tends to evoke X
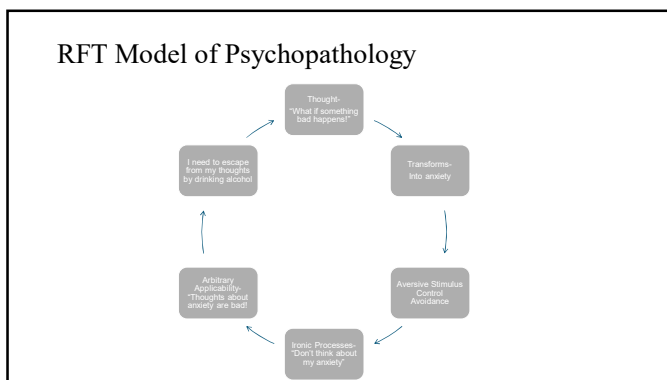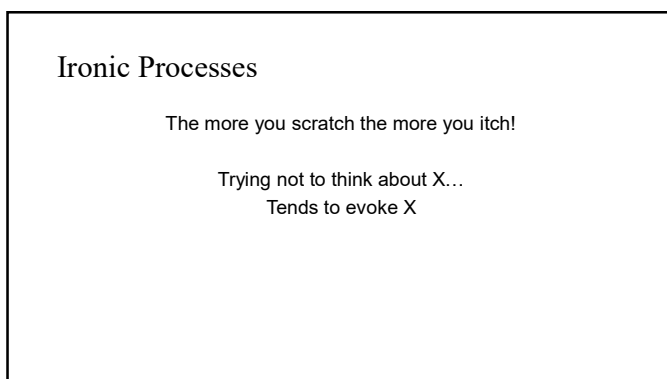
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In summary…

- When people feel bad, they carry around verbal descriptions of the hurt

- These descriptions keep the person in contact with the hurt

- People don't like hurting

- They want to avoid the hurt

- They try to control their thinking about the hurt

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___

ACT tries to undermine ...

- The domination of literal, evaluative, and temporal language
- Connect instead with our values
- Behave more flexibly and effectively, focused on our values, not our fear

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ACT Stance on Disorders

- Attempts to "get rid of" painful private experiences can be the underpinning of mental health issues…

- "Painful" thoughts and emotions do not produce mental disorders in and of themselves.

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Psychological Inflexibility
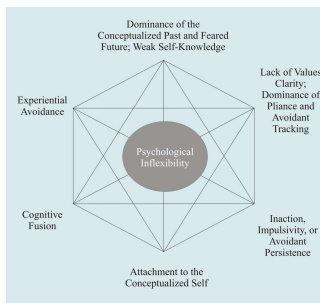
- Clients need to get rid of negative private experiences

- This is best achieved by experiential avoidance

- Experiential avoidance is the core problem most clients face

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Psychological Inflexibility
"Inflexahex"

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Ruminating/Forecasting

Experiential Avoidance

Unclear Values

Psychological Inflexibility

Hooks/Fusion

Unworkable Action

Lost in the Narrative

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The six core processes are interconnected and maintain psychological inflexibility

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Transdiagnostic Approach

- Transdiagnostic approaches that target underlying psychological processes (rather than symptom constellations) are increasingly becoming the new gold standard of evidence-based treatment.

- Process-based treatment bridges clinical science and practice, can target a broader range of problems than diagnosis-based protocols, and is more easily individualized and administered to the client.

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Assessment phase

- Transdiagnostic Approach
- Using the ACT conceptualization model – Inflexahex
- Target core processes regardless of symptoms and co-morbidity

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EXPERIENTIAL AVOIDANCE

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Experiential Avoidance

• Individuals often try to decrease negative private experiences through "experiential avoidant" behaviors, which can be overt or covert.

• This is a common occurrence in all of us… ignoring, distracting, forgetting, etc.
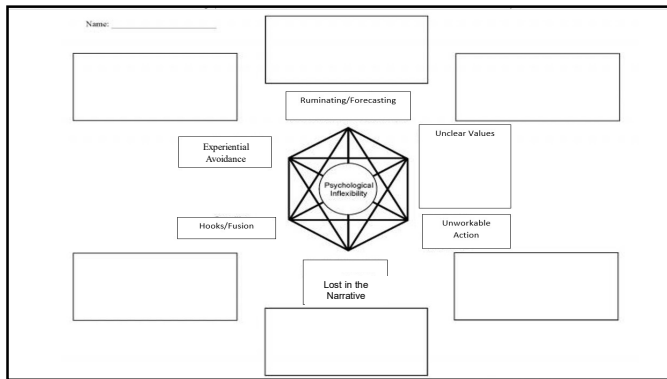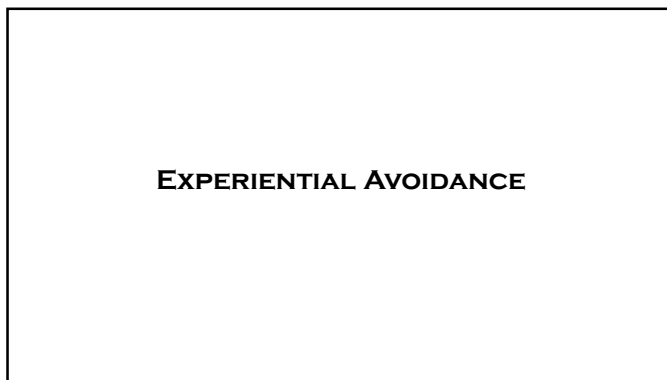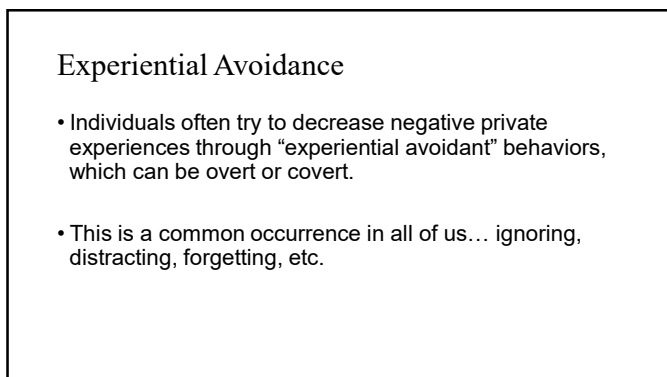
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Higher Avoidance Scores Are…

- Associated with:
  - Distress intolerance
  - Higher anxiety
  - Substance abuse
  - More Depression
  - More overall pathology
  - Poorer work performance
  - Inability to learn
  - Lower quality of life

  - History of sexual abuse
  - High-risk sexual behavior
  - BPD symptomatology and depression
  - Thought suppression
  - Alexithymia
  - Anxiety sensitivity
  - Long term disability
  - PTSD following trauma

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Common overt avoidant behaviors

- Excessive use of alcohol
- Substance abuse
- Excessive sleeping
- Zoning out in front of the TV
- Excessive Videogaming
- Compulsive Shopping
- Sleeping too much

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Avoidance is also experiential…

- Attempting to change emotions' form, frequency, or situational sensitivity, especially those that are universal and contextually appropriate.

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Experiential avoidance is…

Cognitive modification - Excessively trying to control or change thoughts and emotions

Cognitive reappraisal - Trying to see things in a positive light

Suppression – trying to suppress thoughts and emotions

=

Elimination Agenda!

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"The single most remarkable fact about human existence is how hard it is for humans to be happy."

(Hayes, Strosahl, & Wilson, 1999)

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What Exactly is "Happiness"?

"Happiness" has two very different meanings

1. The common meaning – is to "feel good."

Feeling a sense of pleasure, gladness, or gratification. However, like all human emotions, feelings of happiness don't last.

(Harris, 2008)

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2. Far less common meaning – is "living a rich, full, and meaningful life."

When we take action on the things that truly matter deep in our hearts, move in directions that we consider valuable and worthy, clarify what we stand for in life, and act accordingly…

Then, our lives become rich and meaningful, and we experience a powerful sense of vitality.

(Harris, 2008)

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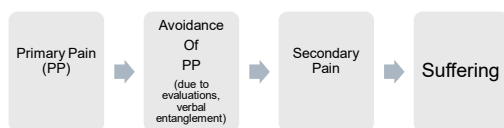## Four Myths of Happiness

1. Happiness is THE natural state for ALL human beings
2. If you're not happy, you're defective
3. To create a better life, we MUST get rid of negative feelings
4. You SHOULD be able to CONTROL what you think and feel

(Harris, 2008)

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Avoidance = Suffering

Primary Pain (PP) → Avoidance Of PP (due to evaluations, verbal entanglement) → Secondary Pain → Suffering

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Primary Pain vs. Secondary Pain

- Lost job due to economy = sadness, frustration, and irritability "How am I going to feed my family?"(Primary)

- Negative evaluation of the primary pain "I'm a loser," "I'll never find a job" "I can't handle this!" = and leads to Avoidant behavior (e.g., Drinking excessively)

- Which can then lead to further problems = guilt over avoidant behavior, family members upset, etc. (Secondary)

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"Suffering usually relates to wanting things to be different than they are." ~Allan Lokos

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**Fusion
AKA
Getting Hooked**

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Fusion

- Inflexible behavior influenced more by verbal networks.
- Thoughts, feelings, judgments and memories have more influence over responding than direct experience with the world.
- Most clients believe what their mind is telling them, not what their experience has been.

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Fusion

- Look for instances where responding is guided by evaluations and inflexible rules.

- This will look like 'cognitive distortions' in CBT.

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Clinical Examples

- "I'm such an idiot"
- "Nothing will EVER change"
- "I'm unlovable"
- "I am broken"
- "I will ALWAYS screw up"

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Experiential Avoidance and Fusion

- Experiential avoidance increases the impact and even frequency of avoided thoughts, feelings, and sensations
- Cognitive fusion increases the impact and even the frequency of entangling, negative thoughts

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Fusion measures

- Automatic Thoughts-Believability (ATQ-B)
- Believability of Anxious Feelings and Thoughts Questionnaire (BAFT)
- Cognitive Fusion Questionnaire
- Stigmatizing Attitudes–Believability (SAB)

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ATTACHMENT TO CONCEPTUALIZED SELF AKA LOST IN THE NARRATIVE

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Three Senses of Self

- Conceptualized Self
- Self-as-Context
- Self-as-process

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The conceptualized self

- The conceptualized self is the same thing as self-as-content and attachment to the conceptualized self is usually related to fusion with content.

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Pros

A conceptualized self is useful

It allows us to participate in a verbal social community and answer questions such as:

- What is your name?
- What do you do for a living?
- Where do you live?
- Is that your son?
- How old are you?
- Tell me about your hobbies?

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Attachment to the conceptualized self

During case conceptualization, look for statements such as:

• I am too…
• If only I did…(or didn't…) then I would
• My problem is that I…
• I am a (failure, loser, wimp, druggie, etc.)
• I am not (smart, pretty, strong) enough
• I can't…

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Defectiveness/worthless	"I'm not good enough" "I'm a bad person" "I'm worthless"
Unlovable	"I'm lone" "I don't fit in" "I'm always rejected"
Abandonment	"People I love will leave me" "My partner is not interested in me"
Helpless/dependent	"I'm weak" "I'm vulnerable" "I'm needy"
Entitlement/high standards	"I'm better than everyone else" "I'm superior" "If I don't succeed, I'm worthless/a failure"
Self-sacrifice	"I'm responsible for everyone" "My needs are unimportant" "I'm only valuable as a person if I'm helping others"

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Example

"I was traumatized" (historical fact) gets used in a cause-and-effect relationship like *"My trauma causes me to not be safe in the world"* and serves as an explanation for current behavior: *"So, because I can't trust, I can't live my life."*

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DOMINATING CONCEPT OF THE PAST AND FEARED FUTURE, AKA RUMINATING/FORECASTING

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Dominating concept of the past and/or feared future

- Fusion with the verbally constructed past or future means that one is not in contact with the present moment
- Words pull us into the past and future
  - Rumination about the past or feared future
  - Anticipatory anxiety and avoidance

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Mindfulness Measures

- Five Facet Mindfulness Questionnaire (FFMQ)
- Freiburg Mindfulness Inventory
- Mindful Attention Awareness Scale (MAAS)

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About 47% of waking hours is spent thinking about what isn't going on

(Killingsworth and Gilbert, 2010)

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The Wandering Mind is Like a Tree
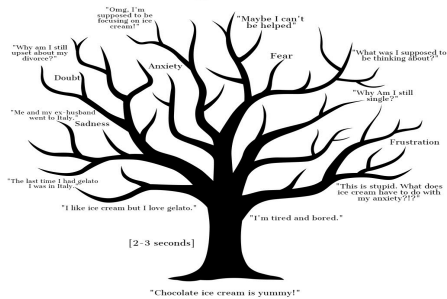
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Lack of Values Clarity AKA Unclear Values

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Lack of values clarity

• The client may describe a general lack of vitality and be vague about values and goals.

• The client may misunderstand the difference between values and goals.

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Listen for…

What's the point?
Nothing matters.
I don't know where I'm going.
I don't know what to do.
What should I do with my life?
Everything seems meaningless…I feel disillusioned.
Ever since (my divorce, my illness, I started using drugs, etc), my life has been going nowhere.

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- Personal Values Questionnaire
- The Survey of Guiding Principles questionnaire and card sort
- VLQ - Valued Living Questionnaire
- Values Bull's Eye
- Values Compass pictures
- Valuing Questionnaire (VQ)

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The ACT Clinical Interview

- The client's presenting concerns
- Past experiences that have shaped the client's current behavior
- Current context/experiences that maintain the client's clinical issues

(Patterson & Rowland 2016)

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Experiential Avoidance – (administer the AAQ)
- What have you been doing to cope with your (anxiety, depression, clinical issues)?
    - *Listen for avoidant, compulsive behaviors (Excessive use of alcohol, substance abuse, excessive sleeping, zoning out in front of the TV, etc.)*
- What have you done internally to control unwanted thoughts, memories, images, and emotions?
    - *Listen for instances of suppression, minimization, distraction, ignoring, etc.*

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- What unwanted thoughts, memories, images, and emotions are most present for you daily?

- How much time and energy do you spend trying not to think of painful thoughts, memories, images, or emotions?

- Give me an example of something painful you have recently experienced and how you respond to it. Cope with it?

    Listen for workable and unworkable strategies.

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Fusion – (administer the CFQ)

- Do you believe your unwanted thoughts to be true? Especially the ones that are self-critical, judgmental, and evaluative.

    Listen for 'I am' statements, irrational beliefs, cognitive distortions, etc.

- When you believe your thoughts, do you act on them?

- How workable is your behavior when you act on negative thoughts?

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Dominating Concept of Past and Fear Future – (follow up with administering the MAAS)

- How often do you find yourself thinking about the past? What do you think about the past?

- How often do you think about the future? What do you think will happen in the future?

    Listen for excessive rumination and or anticipatory anxiety 'what if" statements.
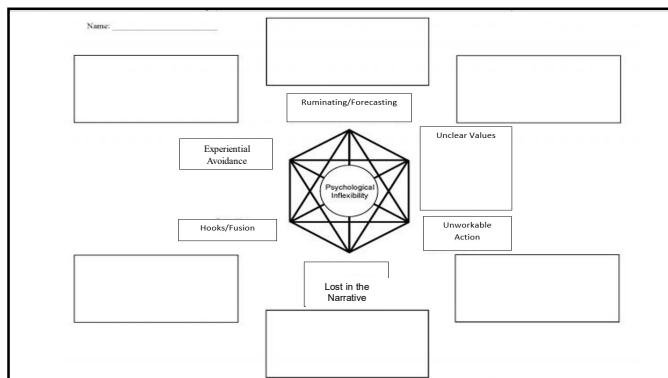
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Lack of Values Clarity – (follow up with administering a values assessment; VLQ,)

• What are some things that are important to you? What gives your life meaning and vitality?

• What do you value?

Listen for statements What's the point? I have no idea, Nothing really…

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Name: _____

Ruminating/Forecasting

Experiential Avoidance

Psychological Inflexibility

Unclear Values

Hooks/Fusion
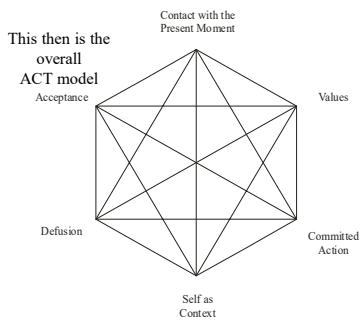
Unworkable Action

Lost in the Narrative

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Case Conceptualization

Rick, 29 single Caucasian male, lives alone in a two-bedroom condo.

He works as an engineer and is dissatisfied with his career path but loves and is good at programming

History of social anxiety – smokes marijuana

Adopted at age three (father is deceased, mother is in a nursing home)

Presenting complaints – The reason I need counseling is pretty apparent. I hate my job and get paid squat, but at the same time, I won't quit, ask for a raise, or pitch my ideas. It's the same with getting high. I don't even enjoy it. I do it to take the edge off. I don't have any friends, nor a girlfriend. The future is bleak. I'm fucking loser with no end in sight!
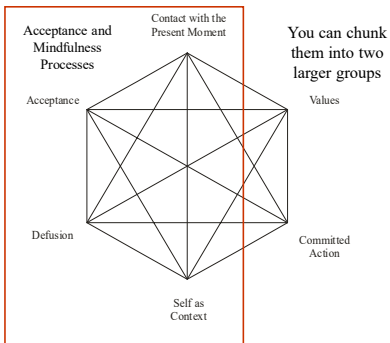
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Rick: I got stoned last night after staying clean for four days. We had a staff meeting, and I wanted to suggest that new product again; I've been thinking about it for a year and can't get up the balls to talk about it….But then, when I thought about speaking up, my hands started to shake, my face got hot, and my mind started blank. I knew I wouldn't be able to say anything without looking like an asshole, so I just kept my mouth shut. And then, while I was thinking about this stuff, I didn't hear the boss ask me a question, and suddenly, everyone was staring at me, waiting for me to say something. I know I turned all red, and I heard someone snickering when I had to ask the boss to repeat the question. And then I just mumbled something stupid. I wanted to disappear. And then the real kicker ---Adam suggested the product I was going to suggest, and everyone said what a great idea it is. Now he, as usual, gets all the kudos while I'm the one who looks like a loser. I was driving home just thinking, "I'm such an asshole; nothing is *ever* going to change. And I couldn't stop thinking about that damn meeting. And then, when some neighborhood kid asked if I wanted to score some good weed, I was like, "What the hell? Nothing's ever going to change." So I bought a half-ounce and got stoned. It felt great until I woke up the next day, and now it's still like, "Nothing is ever going to change! I'm always going to screw up. What's the point in staying off of the marijuana?" It's, like, the only thing worthwhile in my life. Why should I quit it just because some shrink thinks I should? No one else cares if I smoke the shit or not. Why should I care?
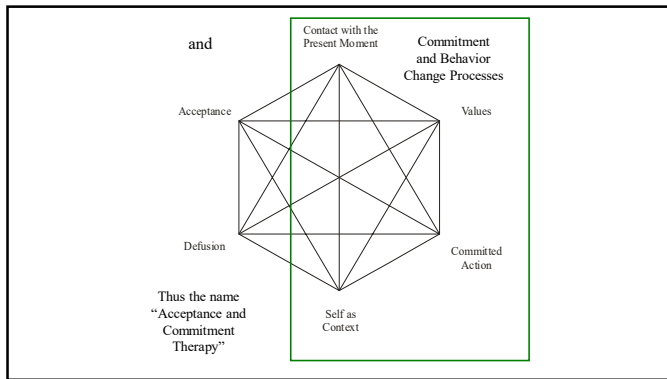
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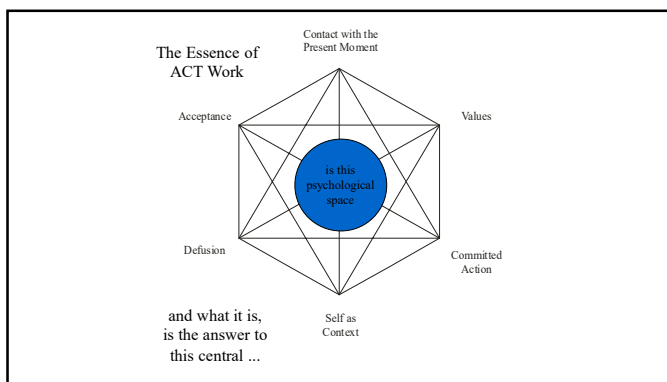
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Psychological flexibility is:

…contacting the present moment fully

…as a conscious, historical human being,

…and based on what the situation affords

…changing or persisting in behavior
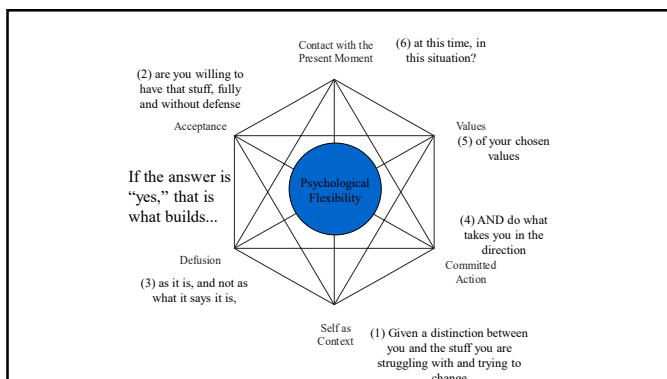
…in the service of chosen values.
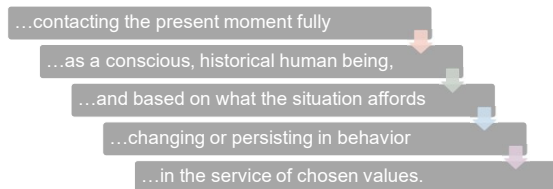
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SYSTEM	PSYCHOLOGICAL FLEXIBILITY PROCESS
Affective	Acceptance
Cognitive	Defusion
Attentional	Present moment
Self	Transcendent self
Motivational	Values
Overt behavioral	Committed action

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Informed Consent

1) Address alternative therapies

2) Address risks and benefits

3) Propose a specific time frame

4) Orient person to therapist, client roles

5) Give general descriptions of operating principles

https://contextualscience.org/informed_consent_for_act

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ACT in Action

Typically, you do not 'teach' ACT.

1. Give clients an experience of the ACT processes.
2. In session, you model the ACT processes.

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The Therapeutic Relationship

•The six core ACT flexibility processes (transcendent self, defusion, acceptance, present moment, values, and committed action) are central to the therapeutic relationship.

•If we model psychological flexibility in the therapy room, clients internalize it, just as you internalize it.

•The betweenness of the therapist and client interactions is central.

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Therapeutic Relationship: EXTREMELY IMPORTANT
1. Needs to be safe and supportive
2. Give lots of positive support and feedback
3. Lots of validation of pain
4. Lots of validation of difficulty in making changes
5. Self–disclosure in the interest of validation
6. Explain the rationale behind techniques.

120

Sessions should follow the following format:

• Brief Update and Mood Check
• Bridge from Previous Session
• Set Agenda
• Review Homework
• Potential supporting exercises (see below)
• Final Summary
• Assign Homework
• Feedback

121

"We can shift our work from something that looks more like fixing a problem to something that looks more like building a life."
~ Steve Hayes

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Acceptance

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Acceptance

Actively contacting psychological experiences directly, fully, and without needless defense while behaving effectively.

Hayes, Wilson, Gifford, Follette, & Strosahl, 1996, p. 1163

Colloquially, Acceptance is a willingness to have the capacity to feel so that you can learn from your experiences.

GRANT ME THE SERENITY TO ACCEPT THE THINGS I CANNOT CHANGE, THE COURAGE TO CHANGE THE THINGS I CAN, AND THE WISDOM TO KNOW THE DIFFERENCE.

-NIEBUHR-

124

ACCEPTANCE is *not*:

- Tolerating, putting up with
- Resignation
- Defeat, a "less than" alternative
- Passive

125

What helps willingness to accept?

- Creative Hopelessness" —engendering a posture of giving up strategies when giving up is what is called for in service of larger goals.

- We help clients understand that the alternative to control is willingness.

- "Are you willing to have what shows up?"

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Creative Hopelessness

• Making the client aware of an 'unworkable' change agenda.

• Workability = the extent to which a behavior 'works' in the long term to create a rich, full, meaningful life.

• The client is trying to improve their life by using emotional control strategies in contexts where they don't work and/or reduce their quality of life.

• Q: What have you tried? How has it worked *in the long term*? What has it cost?

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Building Willingness

• Explore how the steps the client took have worked or not
• Don't imply their coping strategies were wrong
• VALIDATE whatever the client did to survive.
• VALIDATE that these control strategies are often helpful in the short term.
• GENTLY, COMPASSIONATELY get the client in touch with the reality that these strategies are NOT HELPFUL in the long term.

128

Learning to Say "Yes"

In ACT work, we encourage clients to deliberately seek out or imagine situations they avoid and *change their relationship* to the thoughts, feelings, and memories that arise.

129

The Miracle Question

What would you do if a miracle happened and all the things you are struggling with were instantly solved?

130

Creative Hopelessness Metaphors

• Quicksand
• Person in the hole
• Tug-of-war with a Monster
• The Struggle switch

131

Willingness Exercises

• Ball-in-a-Pool
• Unwelcomed Party Guest
• Finger Trap
• Holding the Cactus Lightly
• Turn up the Willingness knob

132

Goals for Clinicians

✓Help clients let go of the agenda of control as applied to internal experiences.

✓Help clients see experiential willingness as an alternative to experiential control.

✓Help clients come into contact with willingness as a choice, not a desire.

✓Help clients to understand willingness as a process, not an outcome.

133

DeFusion AKA Unhooked

134

DEFUSION

We are NOT our Thoughts…

135

How to help clients

Use defusion exercises in session such as:
• Deliteralizing language
    • Lemon…Lemon…Lemon
    • Another Voice

136

Focus on functionality

• "And what is that story in the service of?"
• "Is this helpful, or is this what your mind does to you?"
• "What's useful about believing this thought?"
• Buying a thought vs. Having a thought
• Thank your mind for that thought.

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"How old is that thought?"

"If that thought had a voice, how would it sound?"

"What does that thought remind you of?"

"Just say that thought again slowly and let's watch what shows up."

"In a normal mode of mind, what does that thought usually pull from you?"

"Can we distill that thought down to its simplest form or theme? The core theme of that thought is _____?"

"If that thought were an object, how big would it be?"

"What other thoughts do you have in association with that thought

138

Metaphors/analogies

- •Clouds in the sky
- •Leaves on a stream
- •Sushi Train
- •Passengers on the bus

139

Defusion Exercises

- • Thoughts on Post-It notes
- • Defusing Storytelling

140

SELF AS CONTEXT
AKA FLUID SELF

141

Self-as-Context

It is experienced when we notice our own private or public experience in the present moment

- I feel sad (or hungry, tired, anxious, happy)
- I am thinking about what to have for dinner
- I am walking to the coffee shop
- I am typing an email message to my boss
- I am having the thought, "I don't want to go."
- I am having a panic attack
- I am obsessing about germs

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How to help clients

- Discuss evaluations vs descriptions
  - Good Cup Bad Cup
- Looking at thoughts as just thoughts
  - "I am having the thought, "I'm a bad person" vs "I'm a bad person"
- Metaphors

143

The sense of self is a consistent perspective from which to observe and accept all changing experiences.

144

Activities

• Touch your nose, your toes, your clothes…
• You as a baby, as a little kid, you as you are NOW
• Your box of stuff
• Chessboard metaphor

145

Contacting the Present Moment

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Mindfulness:
...is much easier learned by experience
...involves:
    paying attention in a particular way;
    on purpose,
    in the present moment,
    and nonjudgmentally
        -*Jon Kabat-Zinn*

147

Why do we teach clients to be in contact with the present moment?

To help clients…
• discover that life is happening right now
• to return to "now" from a conceptualized past or future…whether it be filled with sorrow or happiness
• to notice what is happening in their relationships now
• To accept moment-to-moment emotional experiences

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Mindfulness

The official ACT definition of mindfulness is:
As a conscious human being, defused, accepting, and open contact with the present moment and the private events it contains is experientially distinct from the content being noticed.

149

It also helps to undermine avoidance and struggle…

If we are presently focused, we usually have nothing against which to fight; we only have what is present.

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Goals of Mindfulness

✓ Come into contact with the present moment willingly, in the services of greater vitality and psychological flexibility.

✓ Establish observation and awareness skills.

✓ Continue practicing these skills so they are honed.

✓ Contact the present moment in the presence of an aversive experience that constricts behavior.

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How Do We Teach Clients To be Mindful?

• As clinicians, we need to encourage clients to <u>observe</u> and <u>notice</u> what is present in their environment and their private experience.

• Clinicians should encourage their clients to <u>label</u> and <u>describe</u> what is present without excessive judgment or evaluation.

Linehan, 1993

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Observe and notice
+
label and describe
=
"Mindfulness"

Linehan, 1993

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It is an active process of moment-to-moment awareness of your:

Surroundings
"I am here in this room listening to Jennifer talk about Mindfulness."

AND

Private Events
"I am bored, I feel tired, I need more coffee…"

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Obstacles in trying to teach mindfulness

Clients and clinicians can misunderstand the goal of mindfulness.

• Mindfulness is NOT a technique to diminish an undesirable feeling such as anxiety.

• MINDFULNESS and RELAXATION are not the same. They are separate techniques with separate goals.

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Best Mindfulness Apps

• Headspace
• Smiling Mind
• Insight Timer
• Mindfulness Daily
• Calm
• ACT coach
• Stop, Breathe & Think

Information from: Mani M, Kavanagh DJ, Hides L, Stoyanov SR. Based on I Phone Apps. JMIR mHealth 2015; 3 (3): e82. Available at URL: http://mhealth.jmir.org/2015/3/e82

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Values Clarification

157

VALUES ASSESSMENT:
DIRECT MEANS

• Personal Values Questionnaire (Blackledge & Ciarrochi, 2005)

• Valued Living Questionnaire (Wilson & Groom, 2002)

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Intimate relationships
Family relations
Social relations
Employment
Education and training
Recreation
Spirituality
Citizenship
Health/physical well-being

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Values Questions

Start with what they care most about
- ✓ If they say, "to feel better," I ask, "If you felt better, what would life look like for you?" "If I had a magic wand…"

- Other ways to start
  - ✓ Say, "For me to help, I need your help first. I want to know what it is like to be you and walk around in your shoes."

  - ✓ "In a world where you could choose any direction, what would you want your life to stand for? And are you doing that now? "Are you willing to do whatever needs to be done to move in that direction?"

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"Let me say this about George Snack. George Snack was a businessman—a highly productive businessman—until the very end."

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Values activities

- The Dash Poem
- Epitaph exercise
- Eulogy exercise

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COMMITTED ACTION

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Committed Action

- Committed action is a step-by-step process of acting to create a whole life, a life of integrity, true to one's deepest wishes and longings.
- Commitment involves both persistence and change – whichever is called for in living one's values.
- Committed action is inherently responsible – based on the view that there is always an *ability* to *respond* in any situation.

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How to help clients…

- Stick with ESTs
- In session committed action
- Homework between sessions

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Contact with the
Present Moment

Acceptance

Values

Defusion

Committed
Action

Self as
Context

Habit Reversal
Social Skills Training
Behavioral Activation
ERP
Role Play
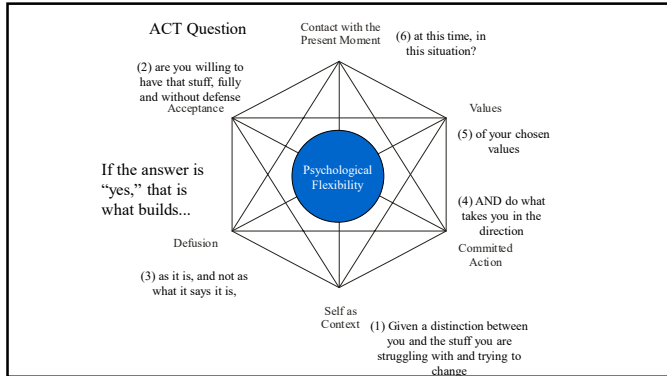**Systematic Desensitization**
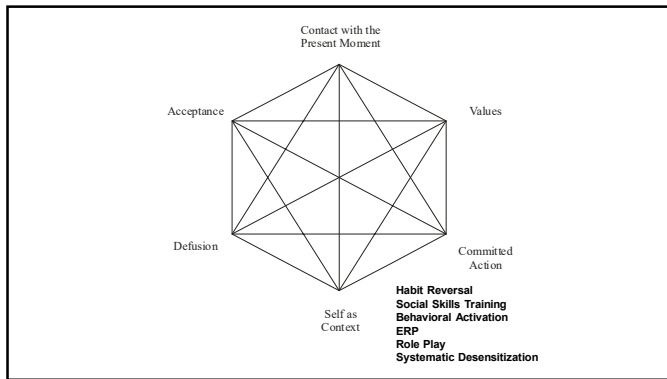
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Committed Action

- Specific and measurable in some way
- Practical and within the client's abilities
- Avoid "dead men's goals"
- Linked to their values

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Committed Action

- Lots of contracts (for home, for work, with the therapist)

- Practice doing things when mad, sad, hyper, as well as happy (sometimes had to "pretend" felt specific ways, and other times this naturally occurred)

- Talk about how it feels either easier or more challenging – noting consequences in the short- and long-term either way
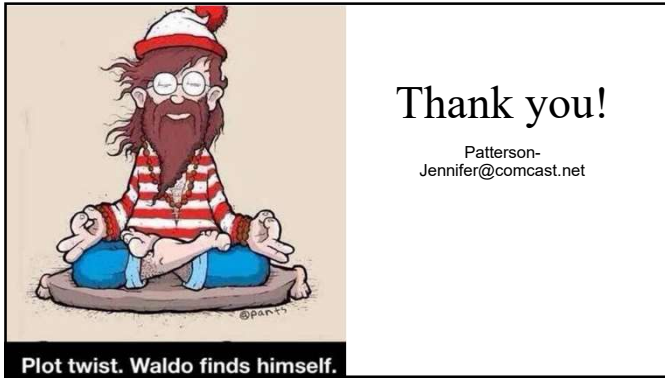
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ACT Question

Contact with the Present Moment

(6) at this time, in this situation?

(2) are you willing to have that stuff, fully and without defense
Acceptance

Values

(5) of your chosen values

If the answer is "yes," that is what builds...

Psychological Flexibility

(4) AND do what takes you in the direction
Committed Action

Defusion

(3) as it is, and not as what it says it is,

Self as Context

(1) Given a distinction between you and the stuff you are struggling with and trying to change

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ACT Apps

- ACT-companion (iOS & Android), http://www.actcompanion.com/
- ACT Coach (iOS & Android), https://itunes.apple.com/us/app/act-coach/id804247934?mt=8
- ACT Mindfully (Android), https://play.google.com/store/apps/details?id=it.marcoturi.actmindfully
- ACTive: Value-based living (iOS), https://itunes.apple.com/us/app/active-value-based-living/id1343994479
- Blue Life Coach (iOS & Android) http://bluelifecoach.com
- I Here Now (iOS), https://itunes.apple.com/se/app/iherenow/id872764840?mt=8
- Learn2ACT (iOS & Android), http://www.learn2act.net
- The Sleep School App (iOS & Android), https://my.thesleepschool.org/category/insomnia/
- 2Morrow Health (suite of ACT-based apps for various health issues), https://www.2morrowinc.com/2morrow-health/

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Questions?

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Plot twist. Waldo finds himself.

Thank you!

Patterson-
Jennifer@comcast.net

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Useful Resources

• Drjenniferlpatterson.com

• Patterson-jennifer@comcast.net

• Association for Contextual Behavioral Sciences
www.contextualscience.org

• https://www.praxiscet.com/

• https://contextualscience.org/ACTinPractice

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