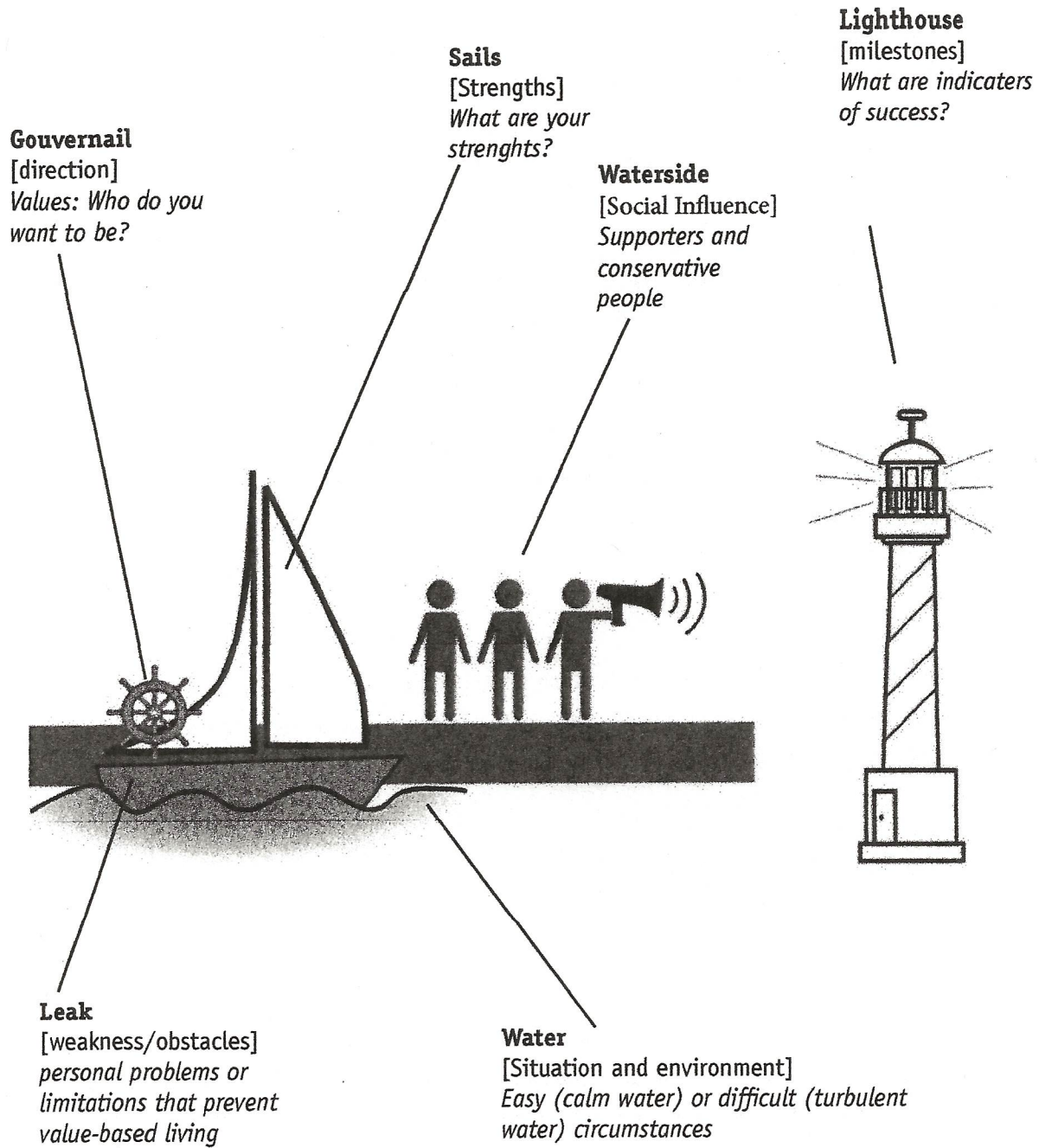


Appendix 2: The Boat Metaphore



(see the next page for detailed description of the metaphore)

## A BASIC GUIDE TO ACT CASE CONCEPTUALIZATION

### 1) Brief History

- a) The client's story of what the problem is
- b) The client's story of how the problem evolved
- c) What has the client tried, and how has it worked (short term & long term)?
- d) Why does the client see the presenting complaint as problematic?
- e) What would they start, stop, do more of or less of, if the problem was solved?
- f) What direction would they like to take their life in?
- g) When do they ever feel a sense of purpose or meaning? Doing what?

### 2) The Context

This includes health, work, finances, relationships, family, culture, etc. Also look for factors that reinforce the problem – e.g. getting attention, manipulating others, disability benefits, avoiding fears of rejection/intimacy/failure, cultural beliefs, etc. *Watch for the processes below right before your eyes – in the therapeutic interaction.*

### 3) Psychological Inflexibility

a) *Loss of Contact With the Present Moment* – how much time does the client spend dwelling on/ reliving the past or daydreaming/ worrying about the future? What is the client's ability to be "in-touch" with the present moment? Notice when conversation derails from difficult content, or client hardening and struggling in front of you.

b) *Cognitive Fusion*. What sort of unhelpful cognitive content is the client fused with – rigid rules, self-limiting beliefs, unrealistic expectations, negative self-evaluations, reason-giving, being right etc. See if you can detect when they are buying into their thoughts – see the world through them vs. looking at thoughts as thoughts.

c) *Experiential Avoidance* – what private experiences is the client avoiding, and how? Look to situations that are avoided as a way into difficult private experiences that are avoided. Also look for a sense of struggle with difficult private content and/or experiences that evoke difficult private content. What are the costs of EA? How pervasive is E.A. in the client's life?

d) *Self-As-Content*. What is the client's "conceptualized self"? (e.g., do they see themselves as broken/damaged/ unlovable, defective etc.). Look at the narratives or stories clients relay about themselves, their lives, their problems, and solutions. How fused are they to this self-image?

e) *Lack of Values Clarity* – how disconnected is the client from their own true values? To what degree are they able to connect with what they really want in life? Do they even know what they care about, beyond relief from the pain and difficulty? Watch for choices in life that are meant to please others, conform to a standard, and those focused on avoiding pain, or being right. Generally, the client will have a hard time contacting what really matters to them.

f) *Inaction, Impulsivity, or Avoidant Persistence*. What you are looking for here is an absence of effective actions. For instance, in what ways are clients' actions self-defeating? Do they lack necessary skills for change? Do they fail to persist, when persistent action is required? Or do they inappropriately continue to persist when such action is ineffective? (trying harder when it is not working). Watch also for a sense of white knuckling it – a client who may be able to do something, but with great distress and unease (i.e., in a way, they are there physically, not fighting emotionally and psychologically). Watch for a lack of vitality, a sense that a person has checked out of his or her own life, and dominance of short-term goals such as feeling better, looking good, being right over long-term desired qualities of life (values).

## Case Conceptualization in ACT: The Case of Brian

Psychological formulation and therapy were informed by the functional ACT model and adapted for working with psychosis. From the assessment it was evident that a number of interrelated processes were functioning to prevent Brian from moving forward with his life. It was clear that he was very aware of his values and what was important to him.

Principally, this included his relationships with his partner and family. However, he did not appear to be able to take the necessary behavioral steps to move him toward his goal of being more supportive and less reliant on his partner and family. Central to this was a high level of experiential avoidance, particularly associated with perceived negative emotions such as anxiety. As a result, Brian's behavior was overwhelmingly controlled by negative reinforcement contingencies, whereby he was very motivated to engage in behavior that reduced anxiety. The effect of this was that he avoided a number of activities, such as leaving the house or socializing, thereby limiting his opportunities to come into contact with the natural positive reinforcers that occur as a consequence of engaging in value-driven behavior (such as a sense of independence after completing his weekly shop or a feeling of satisfaction after being able to take his partner out for dinner). In addition, absence of these positive reinforcers appeared to be related to concomitant symptoms of depression, including anhedonia, sadness, low motivation, and tiredness.

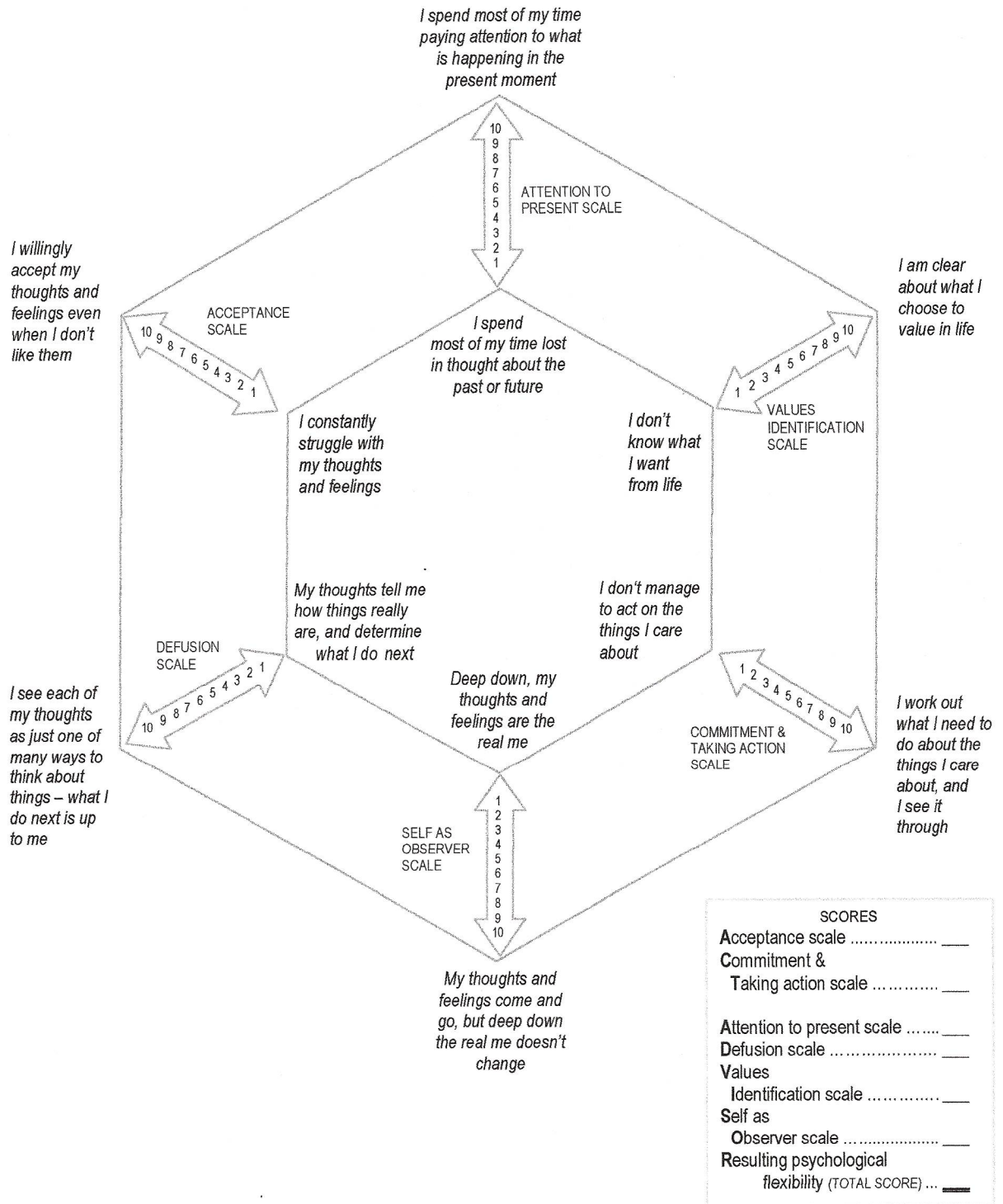
Brian had a tendency to become "fused" with his thoughts and take them very literally, in particular thoughts related to paranoia. It appeared likely that his early developmental experiences had led him, from an early age, to be sensitive to threat cues and this pattern, although it significantly interfered with his ability to engage in value-based actions, persisted. As a result, Brian tended to spend significant amounts of time ruminating about paranoid thoughts, in an effort to determine if there was a legitimate threat and how to respond. This pattern of rumination led him to be often out of contact with the present moment and had a number of negative implications for him.

First, it meant he would spend large amounts of time at home, engaged in ruminative activity. *Second, this activity tended to reduce the amount of anxiety he was experiencing as he became less aware of current emotional processes.* This negative reinforcement process further increased the likelihood he would engage in future rumination, thereby reducing opportunities for value-based behavior. Third, his rumination reduced the opportunity to experience some of the positive reinforcing emotions that, although not frequent, did occur when he engaged in valued action.

In summary, the combination of a high level of experiential avoidance coupled with a tendency to become easily fused with thoughts meant that Brian often was not in contact with the present moment. Together, these processes resulted in a persistent reduction in behavior that would move him closer to achieving value-based goals.

## ACT ADVISOR Psychological Flexibility Measure

In this diagram there are six double-headed arrows, each with contrasting statements at either end. The arrows represent sliding scales, numbered 1-10, between each set of statements. For each scale, choose whereabouts you would place yourself (i.e., at which number), depending on how closely, or otherwise, you feel the statements apply to you. If you feel that the statements apply equally, or that neither statement applies to you, score 5. Enter your scores in the box below, then total them to give a Psychological Flexibility score.



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## ASSESSING PSYCHOLOGICAL INFLEXIBILITY: SIX CORE PROCESSES

1. *Dominance of the conceptualized past or future; limited self-knowledge:* How much time does your client spend dwelling on the past or fantasizing/worrying about the future? What elements of the past or future does she dwell on? To what extent is she disconnected from or lacking awareness of her own thoughts, feelings, and actions?
2. *Fusion:* What sort of unhelpful cognitive content is your client fusing with—rigid rules or expectations, self-limiting beliefs, criticisms and judgments, reason-giving, being right, ideas of hopelessness or worthlessness, or others?
3. *Experiential avoidance:* What private experiences (thoughts, feelings, memories, and so on) is your client avoiding? How is he doing that? How pervasive is experiential avoidance in her life?
4. *Attachment to the conceptualized self:* What is your client's "conceptualized self"? For example, does he see himself as broken/damaged/unlovable/weak/stupid, and so on, or does she perhaps see herself as strong/superior/successful? How fused is he with this self-image? Does she define herself in terms of her body, or a character trait, or a particular role, occupation, or diagnosis?
5. *Lack of values clarity/contact:* What core values is your client unclear about, neglecting or acting inconsistently with? (For example, commonly neglected values include connection, caring, contribution, authenticity, openness, self-care, self-compassion, loving, nurturing, living in the present.)
6. *Unworkable action:* What impulsive, avoidant or self-defeating actions is your client taking? Does she fail to persist when persistent action is required? Or does she inappropriately continue when such action is ineffective? What people, places, situations, and activities is he avoiding or withdrawing from?

## Five Facet Mindfulness Questionnaire

### **Description:**

This instrument is based on a factor analytic study of five independently developed mindfulness questionnaires. The analysis yielded five factors that appear to represent elements of mindfulness as it is currently conceptualized. The five facets are observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. More information is available in:

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

1	2	3	4	5
never or very rarely true	rarely true	sometimes true	often true	very often or always true

- \_\_\_\_\_ 1. When I'm walking, I deliberately notice the sensations of my body moving.
- \_\_\_\_\_ 2. I'm good at finding words to describe my feelings.
- \_\_\_\_\_ 3. I criticize myself for having irrational or inappropriate emotions.
- \_\_\_\_\_ 4. I perceive my feelings and emotions without having to react to them.
- \_\_\_\_\_ 5. When I do things, my mind wanders off and I'm easily distracted.
- \_\_\_\_\_ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.
- \_\_\_\_\_ 7. I can easily put my beliefs, opinions, and expectations into words.
- \_\_\_\_\_ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.
- \_\_\_\_\_ 9. I watch my feelings without getting lost in them.
- \_\_\_\_\_ 10. I tell myself I shouldn't be feeling the way I'm feeling.
- \_\_\_\_\_ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
- \_\_\_\_\_ 12. It's hard for me to find the words to describe what I'm thinking.
- \_\_\_\_\_ 13. I am easily distracted.
- \_\_\_\_\_ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.

- \_\_\_\_\_ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.
- \_\_\_\_\_ 16. I have trouble thinking of the right words to express how I feel about things
- \_\_\_\_\_ 17. I make judgments about whether my thoughts are good or bad.
- \_\_\_\_\_ 18. I find it difficult to stay focused on what's happening in the present.
- \_\_\_\_\_ 19. When I have distressing thoughts or images, I "step back" and am aware of the  
thought or image without getting taken over by it.
- \_\_\_\_\_ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars  
passing.
- \_\_\_\_\_ 21. In difficult situations, I can pause without immediately reacting.
- \_\_\_\_\_ 22. When I have a sensation in my body, it's difficult for me to describe it because  
I can't find the right words.
- \_\_\_\_\_ 23. It seems I am "running on automatic" without much awareness of what I'm  
doing.
- \_\_\_\_\_ 24. When I have distressing thoughts or images, I feel calm soon after.
- \_\_\_\_\_ 25. I tell myself that I shouldn't be thinking the way I'm thinking.
- \_\_\_\_\_ 26. I notice the smells and aromas of things.
- \_\_\_\_\_ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.
- \_\_\_\_\_ 28. I rush through activities without being really attentive to them.
- \_\_\_\_\_ 29. When I have distressing thoughts or images I am able just to notice them  
without reacting.
- \_\_\_\_\_ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel  
them.
- \_\_\_\_\_ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or  
patterns of light and shadow.
- \_\_\_\_\_ 32. My natural tendency is to put my experiences into words.
- \_\_\_\_\_ 33. When I have distressing thoughts or images, I just notice them and let them go.
- \_\_\_\_\_ 34. I do jobs or tasks automatically without being aware of what I'm doing.
- \_\_\_\_\_ 35. When I have distressing thoughts or images, I judge myself as good or bad,  
depending what the thought/image is about.
- \_\_\_\_\_ 36. I pay attention to how my emotions affect my thoughts and behavior.
- \_\_\_\_\_ 37. I can usually describe how I feel at the moment in considerable detail.
- \_\_\_\_\_ 38. I find myself doing things without paying attention.
- \_\_\_\_\_ 39. I disapprove of myself when I have irrational ideas.

## **Scoring Information:**

### Observe items:

1, 6, 11, 15, 20, 26, 31, 36

### Describe items:

2, 7, 12R, 16R, 22R, 27, 32, 37

### Act with Awareness items:

5R, 8R, 13R, 18R, 23R, 28R, 34R, 38R

### Nonjudge items:

3R, 10R, 14R, 17R, 25R, 30R, 35R, 39R

### Nonreact items:

4, 9, 19, 21, 24, 29, 33

## **Reference:**

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27-45.



# Cognitive Defusion (Deliteralization)

*Submitted by Steven Hayes*

**Purpose:** See thoughts as what they are, not as what they say they are.

**Method:** Expand attention to thinking and experiencing as an ongoing behavioral process, not a causal, ontological result

**When to use:** When private events are functioning as barriers due to FEAR (fusion, evaluation, avoidance, reasons)

## Examples of defusion techniques

'The Mind'	Treat "the mind" as an external event; almost as a separate person
Mental appreciation	Thank your mind; show aesthetic appreciation for its products
Cubbyholing	Label private events as to kind or function in a back channel communication
"I'm having the thought that ..."	Include category labels in descriptions of private events
Commitment to openness	Ask if the content is acceptable when negative content shows up
Just noticing	Use the language of observation (e.g., noticing) when talking about thoughts
"Buying" thoughts	Use active language to distinguish thoughts and beliefs
Titchener's repetition	Repeat the difficult thought until you can hear it
Physicalizing	Label the physical dimensions of thoughts
Put them out there	Sit next to the client and put each thought and experience out in front of you both as an object
Open mindfulness	Watching thoughts as external objects without use or involvement
Focused mindfulness	Direct attention to nonliteral dimensions of experience
Sound it out	Say difficult thoughts very, very slowly
Sing it out	Sing your thoughts

Silly voices	Say your thoughts in other voices -- a Donald Duck voice for example
Experiential seeking	Openly seek out more material, especially if it is difficult
Polarities	Strengthen the evaluative component of a thought and watch it pull its opposite
Arrogance of word	Try to instruct nonverbal behavior
Think the opposite	Engage in behavior while trying to command the opposite
Your mind is not your friend	Suppose your mind is mindless; who do you trust, your experience or your mind
Who would be made wrong by that?	If a miracle happened and this cleared up without any change in (list reasons), who would be made wrong by that?
Strange loops	Point out a literal paradox inherent in normal thinking
Thoughts are not causes	"Is it possible to think that thought, as a thought, AND do x?"
Choose being right or choose being alive	If you have to pay with one to play for the other, which do you choose?
There are four people in here	Open strategize how to connect when minds are listening
Monsters on the bus	Treating scary private events as monsters on a bus you are driving
Feed the tiger	Like feeding a tiger, you strengthen the impact of thoughts but dealing with them
Who is in charge here?	Treat thoughts as bullies; use colorful language
Carrying around a dead person	Treat conceptualized history as rotting meat
Take your mind for a walk	Walk behind the client chattering mind talk while they choose where to walk
How old is this? Is this just like you?	Step out of content and ask these questions
And what is that in the service of?	Step out of content and ask this question
OK, you are right. Now what?	Take "right" as a given and focus on action

Mary had a little ....	Say a common phrase and leave out the last word; link to automaticity of thoughts the client is struggling with
Get off your butts	Replace virtually all self-referential uses of "but" with "and"
What are the numbers?	Teach a simple sequence of numbers and then harass the client regarding the arbitrariness and yet permanence of this mental event
Why, why, why?	Show the shallowness of causal explanations by repeatedly asking "why"
Create a new story	Write down the normal story, then repeatedly integrate those facts into other stories
Find a free thought	Ask client to find a free thought, unconnected to anything
Do not think "x"	Specify a thought not to think and notice that you do
Find something that can't be evaluated	Look around the room and notice that every single thing can be evaluated negatively
Flip cards	Write difficult thoughts on 3 x 5 cards; flip them on the client's lap vs. keep them off
Carry cards	Write difficult thoughts on 3 x 5 cards and carry them with you
Carry your keys	Assign difficult thoughts and experiences to the clients keys. Ask the client to think the thought as a thought each time the keys are handled, and then carry them from there

## Cognitive Defusion and Mindfulness Exercises

**Cognitive defusion** is the technique of becoming untangled from our thoughts. While cognitive *fusion* is the process of believing that our thoughts are literally “true,” cognitive *defusion* is the ability to regard thoughts simply as thoughts. The result of defusion is usually a decrease in the thought’s power over us as we loosen our attachment to the thought. The thought would not be something you had to believe or disbelieve, but would be only something you would notice. The goal of practicing defusion is to become a little bit more flexible around the thought, and to have a little more distance from it.

**Defusion exercises work well when we have:**

Depressing thoughts;

Thoughts about low self-worth;

Ruminative thoughts (mentally replaying something that happened in the past); or

Worry thoughts (imagining something scary happening in the future).

1. “Thank the mind” for the thought, but don’t resist the thought or try to suppress it. Don’t struggle with it, interpret it, elaborate on it, or try to process it. The thought is seductive – it will *appear* that if you just think about it a little longer, you’ll have some clarity and then be able to let it go, but that rarely happens. Trust me.

2. Redirect your focus to some meaningful activity. Physically move into a different room, listen to music, go for a walk, read a book, etc. Redirecting your focus isn’t the same as “thought suppression” (which never works). Instead, becoming absorbed in something new is a form of mindfulness where you are paying attention to something real in the present moment, and in a non-judgmental way.

3. Become an Observer by saying, “I’m having the thought that \_\_\_\_\_,” and finish saying the thought that you were just having. Or, “I’m having the feeling that \_\_\_\_\_.” Becoming a witness of your thoughts creates some distance between you and your mind.

4. Just name things: Say, “worry, there is worry.” Or, “that’s catastrophizing,” etc. (if you are familiar with the names of cognitive distortions). Don’t put an evaluative label on the thought as being good or bad. The reason for this is that we will always try to use escape or avoidance if we think something is “bad,” but this strategy doesn’t work when it comes to our internal experiences. All we can do is notice our experiences until they lose their power.

5. Notice when you are judging. Instead of perceiving a thought or feeling as “good or bad,” use more descriptive words, like, “helpful or unhelpful,” “adaptive or maladaptive,” “encouraging or discouraging.” Get more specific. Try to see your private experiences just as they are, as information (perhaps even misinformation) – but don’t judge them as having positive or negative qualities (for the reason explained above).

6. Come back to the present by saying, “Back to now,” or “It’s not happening right now.” The truth is, past and future imaginings really aren’t happening right now! Don’t think of this strategy as simply trying to make yourself feel better. Think of it as being actually true. Then, redirect your focus to the present moment.

The issue is always function, not form or frequency. When in doubt ask yourself or the client "what is this in the service of."

### **ACT THERAPEUTIC STEPS**

Be passionately interested in what the client truly wants

Compassionately confront unworkable agendas, always respecting the client's experience as the ultimate arbiter

Support the client in feeling and thinking what they directly feel and think already -- as it is not as what it says it is -- and to find a place from which that is possible.

Help the client move in a valued direction, *with* all of their history and automatic reactions.

Help the client detect traps, fusions, and strange loops, and to accept, defuse, and move in a valued direction that builds larger and larger patterns of effective behavior

Repeat, expand the scope of the work, and repeat again, until the clients generalizes

Don't believe a word you are saying ... or me either

### **Core ACT Competencies**

You can use this as a self assessment device

#### ***Core Competencies Involved in the Basic ACT Therapeutic Stance***

Collectively, the following attributes define that basic therapeutic stance of ACT.

- The therapist speaks to the client from an equal, vulnerable, genuine, and sharing point of view and respects the client's inherent ability to move from unworkable to effective responses
- The therapist actively models both acceptance of challenging content (e.g., what emerges during treatment) and a willingness to hold contradictory or difficult ideas, feelings or memories
- The therapist helps the client get into contact with direct experience and does not attempt to rescue the client from painful psychological content
- The therapist does not argue with, lecture, coerce or attempt to convince the client of anything.
- The therapist introduces experiential exercises, paradoxes and/or metaphors as appropriate and de-emphasizes literal "sense making" when debriefing them
- The therapist is willing to self disclose about personal issues when it makes a therapeutic point
- The therapist avoids the use of "canned" ACT interventions, instead fitting interventions to the particular needs of particular clients. The therapist is ready to change course to fit those needs at any moment.
- The therapist tailors interventions and develops new metaphors, experiential exercises and behavioral tasks to fit the client's experience, language practices, and the social, ethnic, and cultural context
- The therapist can use the physical space of the therapy environment to model the ACT posture (e.g., sitting side by side, using objects in the room to physically embody an ACT concept)
- ACT relevant processes are recognized in the moment and where appropriate are directly supported in the context of the therapeutic relationship

#### ***Core Competencies for ACT Core Processes and Therapeutic Interventions***

##### ***Developing Acceptance and Willingness/Undermining Experiential Control***

- Therapist communicates that client is not broken, but is using unworkable strategies
- Therapist helps client notice and explore direct experience and identify emotion control strategies
- Therapist helps client make direct contact with the paradoxical effect of emotional control strategies

- Therapist actively uses concept of “workability” in clinical interactions
- Therapist actively encourages client to experiment with stopping the struggle for emotional control and suggests willingness as an alternative.
- Therapist highlights the contrast in the workability of control and willingness strategies (e.g., differences in vitality, purpose, or meaning).
- Therapist helps client investigate the relationship between levels of willingness and suffering (willingness suffering diary; clean and dirty suffering)
- Therapist helps client make experiential contact with the cost of being unwilling relative to valued life ends (Are you doing your values; listing out value, emotional control demand, cost, short term/long term costs and benefits)
- Therapist helps client experience the qualities of willingness (a choice, a behavior, not wanting, same act regardless of how big the stakes)
- Therapist can use exercises and metaphors to demonstrate willingness the action in the presence of difficult material (e.g., jumping, cards in lap, box full of stuff, Joe the bum)
- Therapist can use a graded and structured approach to willingness assignments
- Therapist models willingness in the therapeutic relationship and helps client generalize this skill to events outside the therapy context (e.g., bringing the therapist’s unpleasant reactions to in session content into the room, disclosing events in the therapist’s own life that required a willingness stance)

#### ***Undermining Cognitive Fusion***

- Therapist can help client make contact with attachments to emotional, cognitive, behavioral or physical barriers and the impact attachment has on willingness
- Therapist actively contrasts what the client’s “mind” says will work versus what the client’s experience says is working
- Therapist uses language conventions, metaphors and experiential exercises to create a separation between the client’s direct experience and his/her conceptualization of that experience (e.g., get of our butts, bubble on the head, tin can monster)
- Therapist uses various interventions to both reveal that unwanted private experiences are not toxic and can accepted without judgment
- Therapist uses various exercises, metaphors and behavioral tasks to reveal the conditioned and literal properties of language and thought (e.g., milk, milk, milk; what are the numbers?)
- Therapist helps client elucidate the client’s “story” while highlighting the potentially unworkable results of literal attachment to the story (e.g., evaluation vs. description, autobiography rewrite, good cup/bad cup)
- Therapist detects “mindiness” (fusion) in session and teaches the client to detect it as well

#### ***Getting in Contact with the Present Moment***

- Therapist can defuse from client content and direct attention to the moment
- Therapist models making contact with and expressing feelings, thoughts, memories or sensations in the moment within the therapeutic relationship
- Therapist uses exercises to expand the clients awareness of experience as an ongoing process
- Therapists tracks session content at multiple levels (e.g., verbal behavior, physical posture, affective shifts) and emphasizes being present when it is useful
- Therapist models getting out of the “mind” and coming back to the present moment
- Therapist can detect when the client is drifting into the past or future and teaches the client how to come back to now

#### ***Distinguishing the Conceptualized Self from Self-as-context***

- Therapist helps the client differentiate self-evaluations from the self that evaluates (thank your mind for that thought, calling a thought a thought, naming the event, pick an identity)
- Therapist employs mindfulness exercises (the you the you call you; chessboard, soldiers in parade/leaves on the stream) to help client make contact with self-as-context
- Therapist uses metaphors to highlight distinction between products and contents of consciousness versus consciousness itself (furniture in house, are you big enough to have you)
- The therapist employs behavioral tasks (take your mind for a walk) to help client practice distinguishing private events from the context of self awareness
- Therapist helps the client make direct contact with the three aspects of self experience (e.g., conceptualizations of self, ongoing process of knowing, transcendent sense of self)

### ***Defining Valued Directions***

- Therapist can help clients clarify valued life directions (values questionnaire, value clarification exercise, what do you want your life to stand for, funeral exercise)
- Therapist helps client “go on record” as standing for valued life ends
- Therapist is willing to state his/her own values if it is relevant in therapy, and is careful not to substitute them for the clients value’s
- Therapist teaches clients to distinguish between values and goals
- Therapist distinguishes between goals (outcomes) and the process of striving toward goals (growth that occurs as a result of striving)
- Therapist accepts the client’s values and, if unwilling to work with them, refers the client on to another provider or community resource

### ***Building Patterns of Committed Action***

- Therapist helps client value based goals and build a concrete action plan
- Therapist helps client distinguish between deciding and choosing to engage in committed action
- Therapist encourages client to make and keep commitments in the presence of perceived barriers (e.g., fear of failure, traumatic memories, sadness)
- Therapist helps client identify the impact being “right” might have on the ability to carry through with commitments (e.g., fish hook metaphor, forgiveness, who would be made right, how is your story every going to handle you being healthy)
- Therapist helps client to expect and to be willing to have any perceived barriers that present themselves as a consequence of engaging in committed actions
- Regardless of the size of the action, therapist helps client appreciate the special qualities of committed action (e.g., increases in sense of vitality, sense of moving forward rather than backward, growing rather than shrinking)
- Therapist helps client develop larger and larger patterns of effective action
- Therapist non-judgmentally helps client integrate slips or relapses as an integral part of keeping commitments and building effective responses

### **A Few Examples of ACT Components**

(these are not in a necessary sequence. Often values work comes first, for example. They are also not comprehensive. *These clinical materials were assembled by Elizabeth Gifford, Steve Hayes, and Kirk Strosahl*)

### **Facing the Current Situation (“creative hopelessness”) / Control is a Problem**

Purpose: To notice that there is a change agenda in place and notice the basic unworkability of that system; to name the system as inappropriately applied control strategies; to examine why this does not work

## An ACT Case Formulation Framework

### I. Context for case formulation

The goal of ACT is to help clients consistently choose to act effectively (concrete behaviors in alignment with their values) in the presence of difficult or interfering private events.

### II. Assessment and Treatment Decision Tree

Beginning with the target problem, as specified by the client or significant others, refine these complaints and concerns into functional response classes that are sensitive to an ACT formulation and to the client's contextual circumstances, and link treatment components to that analysis

A. Consider general behavioral themes and patterns, client history, current life context, and in session behavior that might bear on the functional interpretation of specific targets in ACT terms. These may include:

1. General level of experiential avoidance (core unacceptable emotions, thoughts, memories, etc.; what are the consequences of having such experiences that the client is unwilling to risk)
2. Level of overt behavioral avoidance displayed (what parts of life has the client dropped out of)
3. Level of internally based emotional control strategies (i.e., negative distraction, negative self instruction, excessive self monitoring, dissociation, etc)
4. Level of external emotional control strategies (drinking, drug taking, smoking, self-mutilation, etc.)
5. Loss of life direction (general lack of values; areas of life the patient "checked out" of such as marriage, family, self care, spiritual)
6. Fusion with evaluating thoughts and conceptual categories (domination of "right and wrong" even when that is harmful; high levels of reason-giving; unusual importance of "understanding," etc.)

B. Consider the possible functions of these targets and their treatment implications.

1. Is this target linked to specific application of the tendencies listed under "A" above
2. If so, what are the specific content domains and dimensions of avoided private events, feared consequences of experiencing avoided private events, fused thoughts, reasons and explanations, and feared consequences of defusing from literally held thoughts or rules
3. If so, in what other behavioral domains are these same functions seen?
4. Are there other, more direct, functions that are also involved (e.g., social support, financial consequences)
5. Given the functions that are identified, what are the relative potential contributions of:
  - a. generating creative hopelessness (client still resistant to unworkable nature of change agenda)
  - b. understanding that excessive attempts at control are the problem (client does not understand experientially the paradoxical effects of control)
  - c. experiential contact with the non-toxic nature of private events through acceptance and exposure (client is unable to separate self from reactions, memories, unpleasant thoughts)
  - d. developing willingness (client is afraid to change behavior because of beliefs about the consequences of facing feared events)



- e. engaging in committed action based in values (client has no substantial life plan and needs help to rediscover a value based way of living)

C. Consider the factors that may be perpetuating the use of unworkable change strategies and their treatment implications

1. Client's history of rule following and being right  
(if this is an issue, consider confronting reason giving through defusion strategies; pit being right versus cost to vitality; consider need for self-as-context and mindfulness work to reduce attachment to a conceptualized self)
2. Level of conviction in the ultimate workability of such strategies  
(if this is an issue, consider the need to undermine the improperly targeted change agenda, i.e., creative hopelessness)
3. Belief that change is not possible  
(if this is an issue, consider defusion strategies; revisit cost of not trying; arrange behavioral experiments)
4. Fear of the consequence of change  
(if this is an issue, consider acceptance, exposure, defusion)
5. Short term effect of ultimately unworkable change strategies is positive  
(if this is an issue, consider values work)

D. Consider general client strengths and weaknesses, and current client context

1. Social, financial, and vocational resources available to mobilize in treatment
2. Life skills (if this is an issue, consider those that may need to be addressed through first order change efforts such as relaxation, social skills, time management, personal problem solving)

E. Consider motivation to change and factors that might negatively impact it

1. The "cost" of target behaviors in terms of daily functioning (if this is low or not properly contacted, consider paradox, exposure, evocative exercises before work that assume significant personal motivation)
2. Experience in the unworkability of improperly focused change efforts (if this is low, move directly to diary assessment of the workability of struggle, to experiments designed to test that, or if this does not work, to referral)
3. Clarity and importance of valued ends that are not being achieved due to functional target behavior, and their place in the client's larger set of values (if this is low, as it often is, consider values clarification. If it is necessary to the process of treatment itself, consider putting values clarification earlier in the treatment).
4. Strength and importance of therapeutic relationship (if not positive, attempt to develop, e.g., through use of self disclosure; if positive, consider integrating ACT change steps with direct support and feedback in session)

F. Consider positive behavior change factors

1. Level of insight and recognition (if insight is facilitative, move through or over early stages to more experiential stages; if it is not facilitative, consider confronting reason giving through defusion strategies; pit being right versus cost to vitality; consider need for self-as-context and mindfulness work to reduce attachment to a conceptualized self)
2. Past experience in solving similar problems (if they are positive and safe from an ACT perspective, consider moving directly to change efforts that are overtly modeled after previous successes)

3. Previous exposure to mindfulness/spirituality concepts (if they are positive and safe from an ACT perspective, consider linking these experiences to change efforts; if they are weak or unsafe – such as confusing spirituality with dogma – consider building self-as-context and mindfulness skills)

### III. Building interventions into life change and transformation strategy

- A. Set specific goals in accord with general values
- B. Take actions and contact barriers
- C. Dissolve barriers through acceptance and defusion
- D. Repeat and generalize in various domains

### **THE QUICK AND DIRTY ACT ANALYSIS OF PSYCHOLOGICAL PROBLEMS**

Psychological problems are due to a lack of behavioral flexibility and effectiveness

Narrowing of repertoires comes from history and habit, but particularly from cognitive fusion and its various effects, combined with resultant aversive control processes.

Prime among these effects is the avoidance and manipulation of private events.

“Conscious control” is a matter of verbally regulated behavior. It belongs primarily in the area of overt, purposive behavior, not automatic and elicited functions.

All verbal persons have the "self" needed as an ally for defusion and acceptance, but some have run from that too.

Clients are not broken, and in the areas of acceptance and defusion they have the basic psychological resources they need if to acquire the needed skills.

The value of any action is its workability measured against the client's true values (those he/she would have if it were a choice).

Values specify the forms of effectiveness needed and thus the nature of the problem. Clinical work thus demands values clarification.

To take a new direction, we must let go of an old one. If a problem is chronic, the client's solutions are probably part of them.

When you see strange loops, inappropriate verbal rules are involved.

The bottom line issue is living well, and FEELING well, not feeling WELL.

### **THE ACT THERAPEUTIC POSTURE**

Assume that dramatic, powerful change is possible and possible quickly

Whatever a client is experiencing is not the enemy. It is the fight against experiencing experiences that is harmful and traumatic.

You can't rescue clients from the difficulty and challenge of growth.

Compassionately accept no reasons -- the issue is workability not reasonableness.

If the client is trapped, frustrated, confused, afraid, angry or anxious be glad -- this is exactly what needs to be worked on and it is here now. Turn the barrier into the opportunity.

If you yourself feel trapped, frustrated, confused, afraid, angry or anxious be glad: you are now in the same boat as the client and your work will be humanized by that.

In the area of acceptance, defusion, self, and values it is more important as a therapist to do as you say than to say what to do

Don't argue. Don't persuade. The issue is the client's life and the client's experience, not your opinions and beliefs. Belief is not your friend. Your mind is not your friend. It is not your enemy either. Same goes for your clients.

You are in the same boat. Never protect yourself by moving one up on a client.

## Control of Thoughts and Feelings Questionnaire

This questionnaire has been adapted from similar ones developed by Steven Hayes, Frank Bond, and others. For each pair of statements, please circle the one that most accurately fits how you feel. The answer you choose doesn't have to be absolutely 100 percent true for you all the time; just pick the answer which seems to be more representative of your general attitude.

- 1a. I must have good control of my feelings in order to be successful in life.  
1b. It is unnecessary for me to control my feelings in order to be successful in life.
- 2a. Anxiety is bad.  
2b. Anxiety is neither good nor bad. It is merely an uncomfortable feeling.
- 3a. Negative thoughts and feelings will harm you if you don't control or get rid of them.  
3b. Negative thoughts and feelings won't harm you even if they feel unpleasant.
- 4a. I'm afraid of some of my strong feelings.  
4b. I'm not afraid of any feelings, no matter how strong.
- 5a. In order for me to do something important, I have to get rid of all my doubts.  
5b. I can do something important, even when doubts are present.
- 6a. When negative thoughts and feelings arise, it's important to reduce or get rid of them as quickly as possible.  
6b. Trying to reduce or get rid of negative thoughts and feelings frequently causes problems. If I simply allow them to be, then they will change as a natural part of living.
- 7a. The best method of managing negative thoughts and feelings is to analyze them; then utilize that knowledge to get rid of them.  
7b. The best method of managing negative thoughts and feelings is to acknowledge their presence and let them be, without having to analyze or judge them.
- 8a. I will become "happy" and "healthy" by improving my ability to avoid, reduce, or get rid of negative thoughts and feelings.  
8b. I will become "happy" and "healthy" by allowing negative thoughts and feelings to come and go of their own accord and learning to live effectively when they are present.
- 9a. If I can't suppress or get rid of a negative emotional reaction, it's a sign of personal failure or weakness.  
9b. The need to control or get rid of a negative emotional reaction is a problem in itself.
- 10a. Having negative thoughts and feelings is an indication that I'm psychologically unhealthy or I've got problems.  
10b. Having negative thoughts and feelings means I'm a normal human being.
- 11a. People who are in control of their lives can generally control how they feel.  
11b. People who are in control of their lives do not need to control their feelings.
- 12a. It is not okay to feel anxious and I try hard to avoid it.  
12b. I don't like anxiety, but it's okay to feel it.
- 13a. Negative thoughts and feelings are a sign that there is something wrong with my life.  
13b. Negative thoughts and feelings are an inevitable part of life for everyone.
- 14a. I have to feel good before I can do something that's important and challenging.  
14b. I can do something that's important and challenging even if I'm feeling anxious or depressed.
- 15a. I try to suppress thoughts and feelings that I don't like by just not thinking about them.  
15b. I don't try to suppress thoughts and feelings that I don't like. I just let them come and go of their own accord.

To score your test, count the number of times you selected option "a" or "b."

You may like to repeat this test and see how your ideas have changed, after you have finished reading *The Happiness Trap*, or completed several sessions of ACT.

Set the scene.

What am I seeing, hearing, touching, etc.?

What thoughts and feelings showed up?

How were they manifesting in my body?

What are these thoughts and feelings trying to tell me?

## Observation Point

Can I acknowledge and express gratitude toward myself here?

Why would doing that be important to me? Who else would it be important to?

What did I do in that moment?  
How did it work for me in the short term? Long term?

Did it move me toward what matters?

How strongly pulled was I in that moment?



What about right now?

Would I have done something differently if I could have? If so, what?

## Mindfulness In Daily Practice

Mindfulness can be a powerful tool for changing habitual emotional reactions that hijack our ability to think clearly, act skillfully and live meaningfully. Like many other healthy habits, mindfulness becomes stronger and more effective as we repeatedly apply it to our lives. To increase mindfulness skills, each time you encounter a negative emotion that threatens to dominate your awareness (for example, irritation, impatience, anxiety, anger, etc.), practice applying the four-step model set forth below.

### STOP

- Bring your awareness to the negative emotion as soon as possible.
- Begin to recognize the early warning signals of the emotional reaction.
- Remind yourself: "I need to pay attention to this – now."

### BREATHE

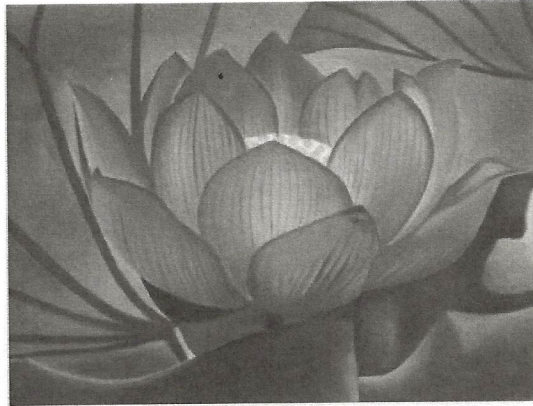
- Become sensitive to the natural softening quality of breath
- Use the power of body-mind communication: send a mental message to release and let go.
- Relaxing into the exhale, allow the negative emotion to soften.

### REFLECT

- Appraise the situation. What is my old pattern here?
- Is my reaction supported by old myths or messages?
- What part of my reaction is flowing in from past experiences?
- What resources and options do I have right here in the present moment?
- Can I change my mind about how I see myself in this situation?
- What is my best insight about this situation? What do I want to remember?

### CHOOSE

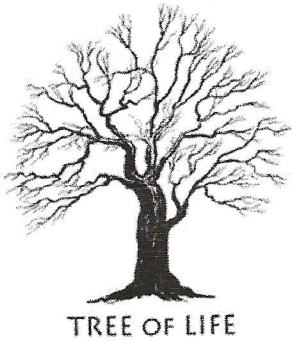
- Having become more aware of my reaction, settled myself a bit and tapped into my insight, what is possible here?
- What is effective, skillful, respectful or even loving?
- Can I shift my old pattern and make a creative choice about my speech and actions?
- What is my best choice under all the circumstances?



### Affirmations for Living in Freedom

*The mastery of life is in the balance between being and becoming.  
~ Eckhart Tolle*

- ❖ I can never change the past, but I can always do my best here and now.
- ❖ Negativity is a form of suffering to which I respond with compassion.
- ❖ The only reality is the present moment. The past and the future exist only in my mind.
- ❖ I love myself unconditionally.
- ❖ I refrain from using speech against myself or against others.
- ❖ I take care of and give love to my one body.
- ❖ I can always connect to the present moment by focusing on my breathing.
- ❖ I view my fears as information. When I overcome my fears my life becomes magical.
- ❖ I practice observing my pain - whether physical or emotional - without reacting to it, in order to let it come and go.
- ❖ Listening with my whole attention in order to understand rather than to respond is the best gift I can give to anyone.
- ❖ I regularly remind myself of all the good things in my life I tend to take for granted. I am grateful.



**The Tree of Life** was originally created for professionals working with children affected by HIV/AIDS in southern Africa. The process allows children and youth to share their lives through drawing their own tree of life which enables them to speak about their lives in ways that make them stronger without retraumatizing them. The Tree of Life focuses on strengthening the child and youth's relationships with their own history, culture, and any significant people and places.

### **Instructions:**

1. You will be drawing a tree with different parts such as roots, ground, trunk branches and leaves. You can use any of the markers as you draw their Tree of Life and can be as elaborate as you want.

2. Draw the **ROOTS** of the tree and identify in the roots:

- Where do you come from?
    - This can include places you come from, the people, the ideas, traditions, etc.
- This can include things such as books, religion, language, ancestry, and social movements.

- Who are the people who have taught you the most in life?
- What is your favorite place at home, a treasured song, dance or item (such as a blanket, outfit, or picture)?

3. Next, draw the **GROUND**. Identify in the ground:

- Where do you currently live?
- What activities do you do in your everyday life?

4. Draw the **TRUNK** of the tree and identify in the trunk:

- What do you value?
- What skills and abilities do you have?
- What qualities and characteristics do you have?
- What are you committed to and what is your purpose(s)?

5. Now draw the **BRANCHES** of the tree and identify in the branches:

- What are your hopes, dreams and wishes?
  - These could be for you or others
- Where would you like your life to be heading?

6. Draw the LEAVES of the tree and identify in the leaves:

- Who is important to you?
  - o These people could be alive or deceased.
  - o These people can be children or adults.
  - o This can include people who you haven't met but contributed to your life in important ways (an author, artist, musician, or historical figure).

7. Draw the FRUIT of the tree and identify in the fruit:

- What "gifts" have you received or what legacies have been passed on to you?
  - o This includes being cared for, being loved, or having acts of kindness done for you.

8. Then draw the SEEDS of the tree and identify in the seeds:

- What are the legacies or gifts you want to give others?
  - o This could be specific, such as, "I want to give the gift of love to my children."
  - o This could be general, such as, "I want to be remembered as one who offered kindness to those who needed it."

9. Draw a COMPOST HEAP near the tree and ask the youth to identify in the compost heap:

- Who has been harmful or unhealthy in some way but should still be remembered?
- It may be possible that people in the compost heap are included in other parts of the tree.