There’s an old joke …

Acceptance and Commitment Therapy
Steven C. Hayes
Kirk D. Strosahl
Kelly G. Wilson
www.acceptanceandcommitmenttherapy.com

Overview of ACT
• To explain the ACT theoretical model
• To layout the general clinical approach
• To give examples of the techniques, including some you can use regardless of orientation
• To encourage you to explore the area
Pain and Pathology

- Dania, Fla. June 16 (AP) – A 6-year-old girl was killed today when she stepped in front of a train, telling siblings that she “wanted to be with her mother.” The authorities said that her mother had a terminal illness.

-New York Times, June 17, 1993

The Assumption of Healthy Normality

- By their nature humans are psychologically healthy
- Abnormality is a disease or syndrome driven by unusual pathological processes
- We need to understand these processes and change them

The Ubiquity of Human Suffering

- High lifetime incidence of major DSM disorders
- High treatment demand from other persons
- High rates of divorce, sexual concerns, abuse, violence, prejudice, loneliness
- Some extremely destructive behaviors are both common and non-syndromal, e.g., suicide
Alternative Assumption: 
Destructive Normality

- Normal psychological processes often are destructive
- We need to understand these processes and work within them to promote health
- Ancient nominee: human language and cognition (e.g., the Genesis story)

Experiential Avoidance

- The tendency to attempt to alter the form, frequency, or situational sensitivity of historically produced negative private experience (emotions, thoughts, bodily sensations) even when attempts to do so cause psychological and behavioral harm
- Is built into human language
- Is embedded in culture, science, and technology

Experiential Avoidance

People tell me it’s a sin to know and to feel too much within ...
Experiential Avoidance is ...

Loneliness and misery and suffering and unhappiness

That we attempt to avoid, dampen, suppress, defend against, etc.
You name it, we do it!!

How We Make Things Worse

• Without the ability to open up to discomfort without suppression, it is simply not possible to face difficult problems in a healthy way
• Experiential avoidance increases the impact and often even the frequency of avoided thoughts, feelings, and sensations

Higher Experiential Avoidance ....

• Is associated with:
  – Higher anxiety
  – More depression
  – More overall pathology
  – Poorer work performance
  – Inability to learn
  – Substance abuse
  – Lower quality of life
  – History of sexual abuse
  – High risk sexual behavior
  – BPD symptomatology and depression
  – Thought suppression
  – Alexithymia
  – Anxiety sensitivity
  – Long term disability

Sources: Hayes et al (in press); Polusny (1997); Toarmino (1998); Pistorello (1997); Batten, Follette, & Aban (1998); Stewart, Zvolensky, & Eifert (1998);
Yet it Seems to be Built into Mainstream Assumptions

- Names of disorders
- Names of techniques
- Measures
- Models

A Simpler Version of the Barriers that ACT Targets

FEAR:
- Fusion
- Evaluation
- Avoidance, and
- Reasons

Cognitive Fusion
- Excessive attachment to a thought that does not allow us to “be” in the present moment
- Living in the past or the future
- Constructing a world for ourselves dominated by “literal language”
- Excessive labeling of our experiences
Experiential avoidance and Cognitive Fusion are basic

- We live in a verbal world “about” something, somewhere else, some time else
- The chatter in our heads gets very dominant
- There is no place a human can go that is pain free
- As much as we wish it were so, we cannot regulate pain by regulating the situation
- So we do, in self-defense, experiential avoidance, even though it does not ultimately work

Five Components of ACT

1. Facing the current situation
   • Creative Hopelessness
2. Cognitive Defusion
3. Acceptance
4. Self as Context
5. Valuing as a Choice

General ACT Techniques

1. Deliteralization
   • Inherent paradox
   • Verbal confusion and sensible incoherence
   • Creation of healthy distance
2. Metaphor
   • Point to the problem or encourage solutions without directly instructing them
3. Experiential exercises
   • Contact with raw experiential material in a safe context
4. Radically functional talk
5. Behavioral commitment and change exercise
Creative Hopelessness: Acceptance of Where You Start

• You’ve tried about everything
• Suppose your experience is valid? Suppose it won’t work
• Metaphors
  – Man in the hole
• Upset / Struggle / Workability
• Don’t believe a word I’m saying

Don’t believe a word I am saying

• A core element of ACT is in getting clients to experience their own emotions as purely and authentically as possible
• The role of the therapist is not to provide his or her way of doing it, but rather to provide guidance so that the client can do it for himself or herself
• The phrase “Don’t believe a word I am saying,” is often used in ACT so that the client is not tempted to simply adopt the therapist’s position, but instead to lean into the experience as authentically as possible
Cognitive Defusion

• De-Fusion
• Present contexts that reduce the literal and evaluative functions of language and cognition,
• Reduce the domination of problematic interpretations that previously were based on category, time, and evaluation

Cognitive Defusion
Defusion Exercises
• Thank your mind for that thought
• There are four of us in the room right now, you, me, your mind and my mind
• Titchener’s Exercise

Titchener’s Exercise

Got Milk?
Acceptance

- Encourage direct moment-to-moment contact with previously avoided private events (that functionally need not be avoided) as they are directly experienced to be
- If control is the problem, why does it persist?
- If you are not willing to have it, you will
  - Substitute just about any word for "it"
  - e.g., "your depression," "your anxiety," etc.

Acceptance Interventions

Metaphors
- Gun at the head
- Tug of war with a monster
- Quicksand
- Feed the tiger
- Train on tracks
- Remember three numbers
- Chinese Handcuffs
Self as Context
- Spirituality and transcendence as human experiences
- Making contact with that sense of self that is safe and consistent perspective on the world and thus promote present moment focus

Contact with the Present Moment
- Mindfulness exercises begin each session
- Leaves on the stream
- Relationship focus moment to moment
- During exposure, focus on the moment

Choice and Values
- Helping the patient clarify the values the she or he holds
- Helping the patient get motivated for treatment
- Helping the patient reorient her/his life from avoidance to approach of valued goals

Exercises
- Declaration
- Tombstone
- What matters
A Simpler Version of the Goals of ACT

ACT

• Accept
• Choose
• Take action

ACT Said Simply

• ACT uses acceptance and mindfulness processes, and commitment and behavior change processes, to produce greater psychological flexibility

Psychological Flexibility

• Psychological flexibility is a continuous process of contacting the present moment fully (without defense; as it is) as a conscious, human being, and based on what the situation affords changing or persisting in behavior in the service of chosen values
The ACT Question

• Given a distinction between you and the things you are struggling with and trying to change, are you willing to experience those things, fully and without defense, as it is and not as it says it is, and do what works for you in this time and situation?

The goal is to FEEL good not to feel GOOD.
Experiential Exercises

The Mountain Meditation

Doing mode

Being mode
Eye to Eye

• Sit in pairs, knees between knees
• Look at the other person
• Notice the chatter
• Let go and be present to being with another person

Leaves in a Stream

• Imagine that there are leaves floating in a stream below you. You are sitting under a tree on a hill a few feet away on a warm day watching the leaves float by. As each leaf goes by, allow it to have a thought or image of a thought on it, whichever applies for you. One thought is on each leaf. I want you to simply watch the leaves go by in the stream, without having to stop them or jumping in the stream with them. You are just to let them flow. This will probably be hard not to interrupt, and that is important. When you catch yourself interrupting the flow -- when you are in the stream or have lost the exercise -- see if you can back up and see what you were doing just before that. Then go back to the tree and let the leaves float by once again.

Taking Your Mind for a Walk

• Groups of two: One is a person, one is a mind.
• Person goes where he/she chooses; Minds must follow.
• Persons: this is your job
  – Go wherever you choose to go
  – See, hear, smell, feel -- note what is happening around you and in you. Feel your feet, leg, torso, hands as you walk. Notice things you normally would not.
  – And gently, compassionately listen to your mind...
Minds: this is your job ...

- Get close to your person and communicate nearly constantly: describe, analyze, encourage, evaluate, compare, predict, summarize, warn, cajole, evaluate, and so on.
- Persons cannot communicate with his or her mind. The mind must monitor this, and stop the person ("Never mind your mind") if the rule is violated.
- Persons should listen to their minds without minding back and go where you choose to go.
- After five minutes, persons become minds and minds become persons (minds watch the time).
- When each has had a turn, split up and walk quietly by yourself for five minutes.
- While you are walking, walk mindfully... and notice that you are still taking your mind for a walk. Persons should follow the same as before rules during this time.

Experiential Timeout

- pair up
- mindful about client
- Job 1: express concern about a client
  - don’t be a clinician
  - don’t try to explain
  - be a concerned person
- Job 2: listener appreciate
  - don’t be a clinician
  - don’t nod, smile, hand pat
  - don’t try to understand (see & appreciate a sunset)
- Switch
- Job 3: Eyes on appreciate
  - no talking