**ACT for Adolescent OCD: Treatment Manual**

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Adapted from

Hayes, S. C., Batten, S., Gifford, E., Wilson, K. G., Afairi, N., & McCurry, S. (1999). *Acceptance and commitment therapy: An individual psychotherapy manual for the treatment of experiential avoidance, Second Edition.* Reno, NV: Context Press.

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

Murrell, A., & Wilson, K. (2002). *ACT for kids: Acceptance and commitment therapy adapted for children.* University, MS.

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**NOTE: This manual is a general protocol of acceptance and commitment therapy for OCD. It has been designed for youth 12 to 17 and is administered in eight to ten weekly sessions lasting one hour. Because this manual will not fit all clients’ needs, it may be tailored to each particular client. Tailoring of the treatment may involve shifting components in this treatment manual to different sessions than indicated, or adding material to support the components that are already suggested in this manual. Only material that is ACT consistent may be added to the intervention.**

**Overview of Treatment Sessions**

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| Session | Treatment Components |
| 1 | * Assess contexts in which OC symptoms occur * Discuss differences between obsessions and compulsions * Homework: Record obsessions and what was done in response; Write about what OCD is costing |
| 2 | * Draw picture of self, label location of obsessions and compulsions * “Creative hopelessness” – list efforts to control obsessions and discuss workability of those efforts * *Tug of war* metaphor * Homework: Practice dropping the rope (let go of unworkable control agenda) |
| 3 | * “Control as the problem” – *Polygraph*, *Fall in love,* and *Chocolate cake* * Introduce acceptance – *Finger trap* exercise * Homework: Behavioral commitment |
| 4 | * Defusion – *Milk, milk, milk* exercise (in vivo and text-to-speech on computer); *Grocery store* metaphor * Acceptance – *Passengers on the bus* metaphor * Homework: *Milk* exercise; Behavioral commitment |
| 5 | * Defusion – *Take your mind for a walk* exercise * Acceptance – *Two scales* metaphor, *Obsessions on paper* exercise * Homework: Behavioral commitment |
| 6 | * Values – *Heart shaped box* and *Bull’s eye* exercises * Acceptance – *Annoying party guest* metaphor * Revisit committed action * Homework: *Epitaph* exercise; Behavioral commitment | |
| 7 | * Present moment – *Counting breaths*, *visualizing thoughts on a screen* mindfulness exercises, *Kindergarten teacher* metaphor * Self-as-context – *TV set*, *Chessboard* metaphors | |
| 8 | * Present moment – *Soldiers on parade* mindfulness exercise * Review all processes using *Passengers on the bus* metaphor * Discuss end of treatment | |

**Session 1**

Session 1 Overview:

1. Build rapport
2. Get the client on board
3. Discuss differences between obsessions and compulsions
4. General assessment of OCD: Assess contexts in which OC symptoms occur
5. Homework: Record obsessions and what was done in response

**Build Rapport**

It is important that the client and therapist have a sense of mutual trust and respect before beginning work from an ACT perspective. The therapist should work to be warm, empathetic, and accepting. Engaging in conversation about less-formal topics (e.g., clients’ interests, hobbies, school and family life) not only contributes to a trusting therapeutic relationship, but provides the therapist with ideas for tailoring to the treatment to the client’s own experiences.

**Get the Client On Board**

The client likely has fears about contacting his or her obsessions and will have some reservations about beginning treatment. It is helpful to assess the client’s expectations of the therapy process and to ask if the client has any questions. Try to get a sense for why the client is participating in the treatment. How will getting control of the OCD make his or her life better?

The therapist usually gives a warning: *My experience with this approach is that it can put you on a bit of a roller coaster. All kinds of different emotions might emerge: interest, boredom, anxiety, sadness, clarity, confusion, and so on. It is like cleaning out a dirty glass with sludge in the bottom: the only way to do it is to stir up the dirt. So some stuff might get stirred up, and for a while, things may look worse before they look better. It is not that it is overwhelming—it is just that you should be prepared to let various things show up.* *It is like exercise: sometimes good things hurt a bit. If we are moving ahead, you will know it and we will both see it in your life. It is just that we can’t be sure of this on a week to week basis. In some cases, the outcomes of ACT are not seen until later in the treatment. So what I would like is a period of time - 8 sessions. Let’s push ahead for that amount of time no matter what - even if you really want to quit. One of the reasons that I find this important, is that if you do not really engage in these 8 sessions you will not really know whether this treatment is useful or not.*

**Difference between obsessions and compulsions**

Help the client understand what is meant by obsessions (“O”s) and compulsions (“C”s). It is normal for clients to try and explain the different things that he or she does to control the compulsion and not the obsession. The idea that the obsession and the compulsion do not always occur together can be difficult for clients to understand. In a sense, this is one of the main things we are trying to help the client recognize, that the obsession can occur without the compulsion.

**General assessment**

The function of the general assessment is to get a sense of what the client’s OCD is like, including how Os and Cs relate to each other.

* Ask the client to describe his or her obsessions and compulsions. There will likely be many different Os and Cs. Have the client indicate what the main one(s) are.
* What are the situations when Os are most frequent? When are Cs most frequent? Do you want to perform a C every time an O shows up?
* What happens to Os when you perform Cs?
* Are you experiencing any Os right now? If so, are you wanting to perform a C?

**Homework:**

**Obsession and Compulsion Tracking Sheet**

When an “O” shows up:

|  |  |  |
| --- | --- | --- |
| **Date** | **What is “O” like?**  (What are you thinking? What are you feeling?) | **Write what you did with the “O”** |
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**NOTE: Every session following session 1 will begin with the following treatment components:**

1. **Assess functioning**

Check how the client’s week went. Check for external stressors such as difficulties at school or in the family. These areas will not be directly targeted but are useful because they can affect treatment. Assess if the client is doing anything differently as a result of the therapy.

**2. Review reaction to last session**

Ask the client if he or she had any reactions to the last session. This gives the client an opportunity to ask questions or share reactions to the material from the last session. In some cases the material will be very clear to the client and in some cases it will not make sense to the client. Do not try arguing or pressuring the client into believing what was said in session. Let the client’s experience guide his or her behavior. Allowing the client to present his or her reactions allows the therapist to see where the client is and what areas require additional attention. The therapist should be compassionate because engaging in this therapy can be difficult.

**3. Review Homework**

If the client does not complete the homework the therapist should assess the variables that got in the way. Very likely, the same variables that get in the way of the client experiencing the obsession and not acting on it are the same ones that got in the way of the client not doing the homework. Try and help bring these variables to the client’s attention. The client may have not completed the homework because it was it was too emotionally difficult, did not make the time, or did not want to. All of these have an avoidance component to them. Help the client see that part of the thing that got in the way was that he or she had to do something that was difficult and did not feel good. This is very much like the struggle that the client is in when the obsession occurs and the client must decide to engage in the compulsion or not. Again, this should not be done in a blaming fashion. The purpose is to help the client see that a large part of our behavior is guided by avoiding unpleasant activities. If the homework is not competed it can either be completed in session with the therapist or reassigned with the next homework assignment.

**Session 2**

Session 2 Overview:

1. Assess functioning, review reactions to last session, & review homework

2. “Location of Os and Cs” exercise

3. Introduce *creative hopelessness*

4. “Tug of War” metaphor

5. Homework: “What Works” writing assignment

**“Location of Os and Cs” Exercise**

On a blank sheet of paper, the client draws a picture of him- or herself, as if tracing an outline of their body lying on the paper. Then he or she writes specific obsessions and compulsions on the part of the body where the “Os” or “Cs” occur (e.g., *contamination fears* inside the head, *washing* on the hands).

The drawing exercise helps the client distinguish Os from Cs and sets up a future conversation (session 3) about tasks minds are good at (e.g., solving problems in the external world) versus tasks at which minds are often not helpful (e.g., controlling inner events).

**Creative Hopelessness**

This section begins with uncovering behaviors in the client’s repertoire that have the function of avoiding obsessions or feelings of anxiety associated with obsessions. The therapist should help the client figure out all the different things that he or she does to decrease or avoid the obsession and assess the effectiveness of these strategies. The different escape/avoidance behaviors will include the compulsion, avoiding certain situations, different methods of self-talk, reassurance, and a variety of other behaviors. What the therapist and the client are looking for, are the methods that are effective in the long run. Many of these escape methods will decrease the obsession immediately, such as engaging in the compulsion, but they are not effective methods in the long run. The obsession comes back.

If the client is unsure what works and what does not you can help the client think of all the different methods that might work and send the client home to try these methods. Do not try and talk the client into this, let the client’s experience tell him or her that these methods are not effective.

This process should continue through all the different things that the client does to decrease his or her obsession and associated feelings of anxiety. The therapist needs to be careful in this phase not to make the client feel as though the therapist is blaming him or her for what he or she has been doing. The therapist should help the client see that this is what most humans do with private events that are uncomfortable. Help the client see that exerting physical and mental energy usually gets them somewhere (sports, school) but that does not appear to be the case with solving this problem.

This is a very important phase in the treatment of OCD; a substantial amount of time can be spent on this phase of the treatment. The therapist should not move on before the client sees and feels the uselessness and paradoxical affects of the control agenda. Often times the client will slip back into his or her control agenda throughout treatment and the therapist will need to help the client check out the function of his or her behavior.

**“Tug-of-War” Metaphor**

*This situation is like being in a tug-of-war with a monster. It is big, ugly, and very strong. In between you and the monster is a pit, and as far as you can tell, it is bottomless. If you lose this tug-of-war, you will fall into this pit and will be destroyed. So you pull and pull, but the harder you pull, it seems the harder the monster pulls, and it appears that you are edging closer and closer to the pit. The hardest thing to see is that your job here is not to win the tug-of-war. Your job is to drop the rope.*

Sometimes clients ask, “How do I do that?” after this metaphor. It is best not to answer firmly at this point. The therapist can say something like: “Well, I don’t know. But the first step is really to see that the tug-of-war can’t be won... and that it doesn’t need to be.

The client can be told that nothing new needs to be done yet. He or she can work on paying attention to avoidance attempts and their level of long-term effectiveness.

It is sometimes helpful to give the client a larger framework for the skill you are hinting at and to provide some reasons why you are seeming to be evasive. If the person has a history with sports, playing musical instruments, or other fine motor skills, these can be used as metaphors to explain that dropping the rope must ultimately be learned experientially. *Willingness is a skill like playing a sport or riding a bike. I can give you general suggestions—like a coach might, but you are really going to have to practice this at home.* Clients will likely run into some situations where he or she might feel compelled to reduce escape and avoidance but we are not formally suggesting these actions. The following homework will help the client begin to abandon avoidance strategies.

**Homework:**

**What Works**

1. Write down everything that your OCD has cost you. Be as specific as possible.
2. Now write down a list of everything you have done in an attempt to control your obsessions. Be thorough and specific: you should be able to come up with several examples of strategies you've used in your attempts to solve it, and many specific examples where you have used these strategies (talking yourself out of it, rationalizing, avoiding, getting help from others, criticizing yourself, etc.).

3. Honestly evaluate how far each of these strategies have brought you toward solving the problem *in the long run*.

**Session 3**

Session 3 Overview:

1. Assess functioning, review reactions to last session, & review homework

1. “Control as the problem” – *Polygraph*, *Fall in love,* and *Chocolate cake*
2. Introduce willingness – *Finger trap* exercise
3. Homework: Behavioral commitment

The client was asked to assess the effectiveness of his or her strategies to control the obsession. Those efforts should be reviewed with the therapist, as they provide the basis for this session.

**Control as the Problem**

The function of “control as the problem” is to help the client experience the paradoxical affects of his or her attempts to control the obsessions. In most cases attempts at controlling obsessions not only does not work, but it increases the importance of the obsession. It makes it bigger rather than smaller. If the client can be brought in touch with this, then the client will be more likely to give up the control agenda and try something different. Basically, it is making the compulsion feel less useful.

It is generally useful to talk about client’s struggle with his or her obsessions. For example, the therapist might say something like: *When your obsession shows up, what do you do with it? Do you try to get rid of it? Is it possible that struggling to get rid of your obsession in itself provokes distress? Eventually you get through it, and it looks as if the reason you got through it was because you were struggling with it, but doesn’t that seem a little bit fishy? If that were the case, then why is the discomfort you have still hanging around? Clearly, struggling doesn’t solve the confusion.* Try to relate these control efforts to clients’ specific experiences.

*There is an operating rule: if you don’t like something, figure out how to get rid of it and do so. And that rule works great in 95% of our life. But suppose that same rule worked terribly in that last 5%: the world inside the skin. In your experience, not in your logical mind, check and see if this fits: in the world inside the skin, the rule actually is, if you aren’t willing to have it, you’ve got it.*

*This is sort of a funny way of looking at your problem isn’t it? I don’t think there is anything odd about what you have been doing. It is what we all do. When we don’t like things we change them. Like I said, it works on the outside world, we were taught to do it, and it does sometimes work immediately, but not in the long run. I have some exercises that help show this.*

**“Polygraph” Metaphor**

*Suppose I had you hooked up to the best polygraph machine that's ever been built. This is a perfect machine, the most sensitive ever made. When you are all wired up to it, there is no way you can be aroused or anxious without the machine knowing it. So I tell you that you have a very simple task here: all you have to do is stay relaxed. If you get the least bit anxious, however, I will know it. I know you want to try hard, but I want to give you an extra incentive, so I also have a .44 Magnum which I'll hold to your head. If you just stay relaxed, I won't blow your brains out, but if you get nervous (and I'll know it because you're wired up to this perfect machine), I'm going to have to kill you. So, just relax! ... What do you think would happen? Guess what you'd get? The tiniest bit of anxiety would be terrifying. You'd be going "Oh no! I'm getting anxious! Here it comes!" BAM! You're dead meat. How could it work otherwise?*

The polygraph metaphor can be used to draw out several paradoxical aspects of the control and avoidance of obsession. It helps demonstrate that the reason the client is stuck is not a lack of motivation, lack of creativity, or lack of energy. Again, the therapist helps normalize the client’s experience by emphasizing it is what well all do.

**“Fall in Love” Metaphor**

*But it’s not just negative emotions. Here’s a test. I come to you and say, ‘See that person? If you fall in love with that person in 2 days, I’ll give you 10 million dollars.’ Could you do it? Probably not. In other words, it’s not just getting rid of emotions that is difficult, but it is also difficult to create them, even ones you like, in any kind of predictable, controllable way.*

**“Chocolate Cake” Exercise**

*It’s not just emotions, either. Let’s look at thoughts. Suppose I tell you right now, I don’t want you to think about something. I’m going to tell you real soon. And when I do don’t think it even for a second. Here it comes. Remember, don’t think of it. Don’t think of ....Warm chocolate cake! You know how it smells when it first comes out of the oven...Don’t think of it! The taste of the chocolate icing when you bite into the first warm piece ...Don’t think of it! As the warm, moist piece crumbles and crumbs fall to the plate...Don’t think of it! It’s very important, don’t think about any of this!*

For clients with OCD, this issue should be related to their struggle with their obsessions. What their mind tells them is that if they cannot make their obsession go away, or at least lessen, they will always have OCD. Always ask the client whether this strategy has worked. They will usually say that it has worked in a limited sense. However, it cannot have worked in a real, lasting, fundamental sense, or else the client would not be in treatment. It is important to validate the incredible effort the client has invested in controlling urges.

**Introduce the Alternative to Control: Willingness**

Up to this point, therapy has focused on undermining the literal control agenda that tells clients that they can only move ahead after they first start from somewhere else. It helps to begin to point to the alternative. The therapist should use the word “willingness” at this point in therapy because “acceptance” is often interpreted to mean “toleration” or “resignation.”

**“Finger Trap” Exercise**

[The therapist gives the client a “finger trap” toy (a small tube of woven straw) and invites the client to push both fingers in, one into each end. As the client pulls his or her fingers back out the straw catches and tightens.]

*The harder you pull, the smaller the tube gets and the stronger it holds your finger. Maybe OCD is something like that. Maybe these tubes are like life itself. There is no healthy way to get out of life, and any attempt to do so just restricts the room you have to move. With this little tube, the only way to get some room is to push your fingers in, which makes the tube bigger. That may be hard at first to do because your mind tells you the way to escape is to pull your fingers out. Perhaps it’s not a question of getting free from the tube. Perhaps it’s a question of how much “wiggle room” you want to have in your life. The more you struggle, the more constricted your movements will be. If you let go of the struggle, the more freedom you have to make new choices.*

**Homework:**

**Behavioral commitment**

At this point the client will likely be interested in trying something different. The therapist should suggest practicing willingness to have obsessions, in a manner tailored to the client. Behavioral commitments are aimed at reducing compulsions, not obsessions. It is important for the commitments to be specific and achievable. For example, the client can agree not to do the compulsion from 8:00-9:00, or to not do the compulsion more than 20 times per day if it is one that they can easily count. These assignments give the client real-life experiences with the material that is being presented in session. Also, it provides the material for the following sessions.

Behavioral commitments should be increased each week as the client’s repertoire to experience the obsession without doing the compulsion increases. The exercises should continue to be for specific durations or specific amounts. The client should be increasing his or her commitments throughout the treatment. The client should not be pushed to make commitments that are larger than will occur; while at the same time the client should choose commitments that are big enough steps that the client is making progress and increasing his or her willingness repertoire.

**Session 4**

Session 4 Overview:

1. Assess functioning, review reactions to last session, & review homework

2. Introduce defusion

3. “Grocery store” metaphor

4. “Milk, milk, milk” exercise

5. “Passengers on the bus” metaphor

6. Homework: Milk exercise; Behavioral commitment

**Introduce Defusion**

Defusion involves increasing the client’s behavioral repertoire with regard to the obsession. When the client experiences an obsession the only move in his or her repertoire is to escape it. The same goes for situations that elicit the obsession, the only move that the client has is to avoid the situation. Defusion exercises help the client interact with the obsession in different ways, which increases the client’s behavioral repertoire with regard to the obsession. Additionally, when the obsession is interacted with in a variety of ways its believability decreases. Thus, the obsession may occur at the same rate, but it occurs as something less threatening.

As a way of introducing this idea, tell client that *minds* are kind of like symbols for *brains*. Describe some things that minds do:

* *Minds talk a lot and try to tell us what to do.*
* *Minds look for ways that things or situations are like other things or situations, especially ones that happened to us before or that we think might happen to us*.
* *Minds try to tell us if something is good or bad to do.*
* *Minds talk about the same stuff over and over.*

Ask the client to list things that we don't need our minds to figure out. Provide examples if needed (breathing, dancing, sports, etc.).

**“Kid in the Grocery Store” Metaphor**

*All kids want something when they see the candy or the toys in the grocery store. And they usually say something like “can I get one of those?” Let’s pretend you’re the dad and you have to make a decision. Do you give in or not? You know what is going to happen if you don’t give in – the child will ask a little louder. And if you say no he will likely get louder still. You can either get him to be quiet with a toy or candy or let him cry and have everyone look at you. But the problem with giving in is you’ve taught the kid they can have whatever they want by crying.*

*Struggles with obsessions can feel like this. The ‘O’ shows up and you decide not to give in, but then it gets louder and louder until you give in. The ‘O’ is like the kid in a grocery store. In an attempt to control it, you are teaching it how “loud” it needs to get. It could actually be having the opposite effect than you want. Just like a parent might say “I’m not buying it,” practice saying “I’m not buying it” to your obsession.*

**“Milk, Milk, Milk” Exercise**

*T: Sometimes we believe that our thoughts are literally what they say they are, especially thoughts that really push us around like OCD thoughts. For example, "I am contaminated." What if I say that thoughts are simply “just thoughts,” rather than what they say they are? Let's do a little exercise. I'm going to ask you to say a word. Then you tell me what comes to mind. I want you to say the word, "Milk."*

*C: Milk.*

*T: Good. Now tell me what comes to mind when you said it?*

*P: I picture it—white, a glass.*

*T: Good what else? Can you taste it? Can you feel what it feels like to drink a glass of milk? Cold, creamy, coats your mouth…right?*

*T: Okay, let's see if this fits. What came across your mind were things about actual milk and your experience with it. All that happened is that we made a strange sound — Milk (say it slowly!) —and lots of those things show up. Notice that there isn't any milk in this room, not at all. But milk was in the room in our minds. You and I were seeing it, tasting it, and feeling it. And yet, only the word was actually here.*

*T: Now, here is another exercise. The exercise is a little silly, and you might feel embarrassed doing it, but I am going to do it with you so we can all be silly together. What I am going to ask you to do is to say the word, "Milk," out loud, over and over again, and as rapidly as possible, and then notice what happens. Are you ready?*

*T: Okay, let's do it. Say "milk" over and over again!*

[30 seconds pass]

*T: Okay, now stop. Tell me what came to mind while you kept repeating it?*

*C: (e.g., It sounded funny, The words blended together, etc.)*

*T: Did you notice what happened to “white, cold, creamy, etc.”?*

*C: They are not the same; they are not really here.*

*T: Right, the creamy and cold stuff just goes away. When you said it the first time, it was as if milk was actually here, in the room. But all that really happened was that you just said that word. The first time you said it, it was "psychologically" meaningful, and it was almost solid. But when you said it again and again and again, you began to lose that meaning and the words became just a sound.*

*T: What I am suggesting is that… What happens in this exercise may be applied to OCD-related thoughts. Imagine that such thoughts are like smoke. When you think things like “I am contaminated,” that is much like inhaling the smoke and believing it’s the air. But the thoughts are not air—they’re just thoughts, a cloud of smoke over your mind.*

The entire exercise is then repeated, using the client’s most common obsession in place of “milk.” If the obsession is a long statement, shorten it to something that can be quickly repeated. Another variation is to use a web-based text-to-speech computer program such as <http://www.oddcast.com/home/demos/tts/tts_example.php?sitepal>. Words or phrases can be typed into the program, which then pronounces the words in any accent the user chooses. Also, an iPhone app called “Talking Carl” can be used. Clients say their obsession into the phone and “Carl” repeats the phrase in a high-pitched voice.

**“Passengers on the Bus” Metaphor**

The “Passengers on the Bus” metaphor is a core ACT intervention aimed at deliteralizing provocative psychological content. This is a particularly effective strategy for those with OCD because it assists them in looking at the obsession in a way that is less threatening.

*It's as if there is a bus and you're the driver. On this bus we've got a bunch of passengers. The passengers are thoughts, feelings, bodily states, memories, and other aspects of experience. Some of them are scary, and they're dressed up in black leather jackets and they've got switchblade knives. What happens is, you're driving along and the passengers start threatening you, telling you what you have to do, where you have to go. "You've got to turn left," "you've got to go right," etc. The threat that they have over you is that, if you don't do what they say, they're going to come up from the back of the bus.*

*It's as if you've made deals with these passengers, and the deal is, "You sit in the back of the bus and scrunch down so that I can't see you very often, and I'll do what you say, pretty much." Now what if one day you get tired of that and say, "I don't like this! I'm going to throw those people off the bus!" You stop the bus, and you go back to deal with the mean-looking passengers. Except you notice that the very first thing you had to do was stop. Notice now, you're not driving anywhere, you're just dealing with these passengers. And plus, they're real strong. They don't intend to leave, and you wrestle with them, but you’re unable to kick them off the bus.*

*Now the trick about the whole thing is this: The power that the passengers have over you is based on this: "If you don't do what we say, we're coming up and we're making you look at us." That's it. It's true that when they come up they look like they could do a whole lot more. They've got knives, chains, etc. It looks like you could be destroyed. The deal you make is to do what they say so they won't come up and stand next to you and make you look at them. The driver (you) has control of the bus, but you trade off the control in these secret deals with the passengers. In other words, by trying to get control, you've actually given up control! Now notice that, even though your passengers claim they can destroy you if you don't turn left, it has never actually happened. These passengers can't make you do something against your will.*

The therapist can continue to allude to the bus metaphor throughout therapy. Questions such as, "Which passenger is threatening you now?" can help re-orient the client who is practicing emotional avoidance in session.

**Homework:**

* **Behavioral commitment**
* **“Milk” exercise:** When obsessions appear during the week, the client is to practice defusion by repeating the obsession—aloud, if possible—and notice how their experience of the obsession changes.

**Session 5**

Session 5 Overview:

1. Assess functioning, review reactions to last session, & review homework

2. “ Take your mind for a walk” exercise

1. “Two scales” metaphor
2. “Obsessions on paper” exercise
3. Homework: Behavioral commitment

**“Take Your Mind for a Walk” Exercise**

This exercise illustrates how busy minds can be on a moment-to-moment basis. It also gives clients an opportunity to practice willingness in session. Having the client’s “mind” voiced by an external source helps them defuse from evaluative, second-guessing chatter.

*Before we do this exercise, it is important for us to identify who all is in the room. By my count, there are four of us: Me, You, Your Mind, and My Mind. Let’s just set out to notice how our minds get in the way. To do this I want us to do a little exercise. You be you, and I’ll pretend to be your mind. We are going to walk around the room, using a special set of rules. You may go wherever you choose, and I will follow. I’ll talk the whole time about anything and everything: I’ll describe what you’re doing, evaluate you, analyze your actions, and give you instructions. You will listen to me without necessarily doing what I say to do. Instead, you should do whatever you want no matter what the mind says. After five minutes, we’ll switch roles.*

Process the exercise with the client and share your own experience of practicing willingness during the exercise. Make the point that learning to make room for certain inner experiences can actually help the client gain more control over his or her life.

At this point, the client will not know exactly what willingness is. Even though the therapist has made it clear that it is not a feeling or a thought, the client will look for willingness of exactly this kind: a feeling of willingness or a belief that is helpful. The client may also believe that the therapist is saying to ignore or tolerate discomfort. It is essential that the therapist be on the lookout for and detect these misunderstandings.

**“Two Scales” Metaphor**

This is a core ACT intervention designed to further illustrate the concept of willingness and its relationship to psychological distress.

*Imagine there are two scales or meters, like the volume and balance knobs on a stereo. One is right out here in front of us and it is called "anxiety" [Use labels that fit the client's situation, if anxiety does not, such as "anger, guilt, disturbing thoughts, worry," etc. It may also help to move ones hand as if it is moving up and down a numerical scale]. It can go from 0 to 10. In the posture you're in, what brought you in here, was this: "This anxiety is too high." It's way up here and I want it down here and I want you, the therapist, to help me do that, please. In other words you have been trying to pull the pointer down on this scale [the therapist can use the other hand to pull down unsuccessfully on the anxiety hand].*

*But now there's also another scale. It's been hidden. It is hard to see. This other scale can also go from 0 to 10. [move the other hand up and down behind your head so you can't see it] What we have been doing is gradually preparing the way so that we can see this other scale. We've been bringing it around to look at it. [move the other hand around in front] It is really the more important of the two, because it is this one that makes the difference and it is the only one that you can control. This second scale is called "Willingness." It refers to how open you are to experiencing your own experience when you experience it--without trying to manipulate it, avoid it, escape it, change it, and so on. When anxiety is up here at 10, and you're trying hard to control this anxiety, make it go down, make it go away, then you're unwilling to feel this anxiety. In other words, the Willingness scale is down at 0. But that is a terrible combination. You've been trying to control Mr. Anxiety for a long time, and it just doesn't work. It's not that you weren't clever enough; it simply doesn't work. Instead of doing that, we will turn our focus to the willingness scale.*

*Unlike the anxiety scale, which you can't move around at will, the willingness scale is something you can set anywhere. It is not a reaction—not a feeling or a thought—it is a choice. You've had it set low. You came in here with it set low—in fact coming in here at all may initially have been a reflection of its low setting. What we need to do is get it set high. If you do this, if you set willingness high, I can guarantee you what will happen to anxiety. I'll tell you exactly what will happen and you can hold me to this as a solemn promise. If you stop trying to control anxiety, your anxiety will be low ...[pause] or ... it will be high. I promise you! I swear. Hold me to it. And when it is low, it will be low, until it's not low and then it will be high. And when it is high it will be high until it isn't high anymore. Then it will be low again. ... I'm not teasing you. There just aren't good words for what it is like to have the willingness scale set high—these strange words are as close as I can get. I can say one thing for sure, though, and your experience says the same thing—if you want to know for sure where the anxiety scale will be, then there is something you can do. Just set willingness very, very low and sooner or later you will have plenty of anxiety. It will be very predictable. All in the name of getting it low. If you move the willingness scale up, then anxiety is free to move. Sometimes it will be low, and sometimes it will be high, and in both cases you will keep out of a useless and traumatic struggle that can only lead in one direction.*

**“Obsessions on Paper” Exercise**

Give the client a sheet of paper on which to draw an obsession. The drawing is not meant to be a literal image of the obsession, rather it is meant to reflect the client’s experience of the obsession. After the client is done drawing, ask him or her to discuss how the image (e.g., a ghost) represents their experience with obsessions. Take advantage of opportunities to tie in ACT processes; for example, *like your mind,* *a ghost makes a lot of frightening noise, but he doesn’t do anything to hurt you*.

Then take the paper and tell the client the task is to make 100% certain the paper does not touch their lap. Make a few attempts to place the paper on the client’s lap (the client deflects the paper each time). Next, ask the client to let the paper land on their lap and merely to watch the paper. The contrast in effort between just noticing the paper versus batting it away makes the underlying point.

**Homework:**

* **Behavioral commitment**

**Session 6**

Session 6 Overview:

1. Assess functioning, review reactions to last session, & review homework

2. Introduce values

3. “Heart shaped box” and “Bull’s eye” exercises

1. “Annoying party guest” metaphor
2. Revisit committed action

6. Homework: Behavioral commitment; “Epitaph” exercise

**Introduce Values**

At this point in treatment the therapist should assist the client assessing his or her values. Hopefully at this point in treatment the client is showing decreases in his or her compulsions and becoming less involved in struggles with the obsessions. Through contacting the natural contingencies the client should begin to contact the appetitive results of not giving into the compulsions. Presumably, if the client is spending less time engaging and struggling with the compulsions, more time will be spent engaging in valued activities.

Discuss key characteristics of values:

* Like points on a compass, values are directions we move in, not destinations we achieve.
* Values are directions we “move toward” not “away from.” Therefore, values are stated positively.
* We are talking about what is important to the client, not necessarily what is important to parents, teachers, church leaders, etc.
* We are also talking about things that will not necessarily feel good.
* Values are chosen. (It may be helpful to illustrate this by asking “why” questions about a chosen preference of the client’s (e.g., favorite food). Ask why they like something until the answer is “just because.”)

**“Heart Shaped Box” Exercise**

Show the client a box shaped like a heart. Talk about how the heart is a symbol kind of like the mind is a symbol of the brain. Just like our actual hearts keep us alive by pumping blood, metaphorical hearts keep us alive in a different way. Hearts are about the experiences, feelings, memories, and behaviors that we care about.

Give the client slips of paper on which to write examples of his or her chosen values. If clients struggle with this task, prompt them with questions (e.g., *What does freedom mean to you?*, *What makes a good life?*, *What’s the most important thing to you right now?*, *What do you think is your main purpose in life?*, etc.). Ask the client to place the strips inside the heart shaped box.

**“Bull’s Eye” Exercise**

Once the client has come up with some of their values, use this exercise to help the client assess how closely he or she is applying each value in his or her life.

Ask the client to draw a target on a sheet of paper or a white board. Then draw slips out of the heart shaped box and read them to the client one by one. As each value is read aloud, the client is to make a mark on the target indicating how closely he or she is living the particular value. Explain that placing a mark on the bull’s eye indicates following that value perfectly and living exactly like what is in one’s heart. The farther the mark is from the bull’s eye, the less the client believes he or she is living that value. After the client places each mark, ask them to discuss the distance and what it means (e.g., how it affects them, others that they care about, etc.). Ask the client to share what he or she would have to do to live the value more completely. Emphasize specificity; ask the client to talk about the exact things he or she would need to do live the value more completely.

To illustrate moving toward values, it may be useful to remind clients of the “passengers on the bus” metaphor. The costs associated with not moving in valued directions are described in the following metaphor.

**“Annoying Party Guest” Metaphor**

*Imagine you invited your whole class over to a party. So all your friends show up, the party's going great, and here comes \_\_\_\_ (an annoying person from school, a bully, etc.). You can welcome \_\_\_\_ even though you don't think well of him. You don't have to like him. Now you can decide that even though you said everyone was welcome, in reality he's not welcome. But if you kick him out, the party changes. Now you have to be at the front of the house, guarding the door so he can't come back in. Or if you say, OK, you're welcome, but you don't really mean it, you only mean that he's welcome as long as he stays in the kitchen and doesn't mingle with the other guests. Then you're going to have to spend the whole party making sure he stays in the kitchen. Meanwhile, the party's going on, and you're off guarding \_\_\_\_. It's not much like a party. It's a lot of work.*

This metaphor is about all the feelings and memories and thoughts that show up that we don't like. The issue is the posture we take with regards to our own “stuff.” Is the “stuff” welcome? Can you choose to welcome them in, even though you don't like the fact they came? If not, what's the party going to be like?

**Increase focus on behavioral commitment**

After values have been clarified, it is time to assist the client in shifting the focus to engaging in these behaviors. The whole point of ACT is stated in its name: acceptance and commitment. This is another way of saying "get present and move ahead" or "start from where you are and go where you choose to go." The client has been making commitments to increase his or her willingness throughout the treatment, and now the commitment should be more focused on engaging in these valued activities. Point out that a commitment should not be made unless one is 100% sure you intend to keep it, and it will happen that you won’t be able to keep it always. The question is, Are you willing to make a commitment, knowing that you’re not going to always live up to it; are you willing to feel what you’re going to feel when you fail to keep your commitments and still make the commitment?

**Homework:**

* **Behavioral commitment**
* ***Epitaph* assignment:** The client is tocreate an epitaph that briefly summarizes their values. For example, “\_\_\_\_\_ was kind to everyone she met.”

**Session 7**

Session 7 Overview:

1. Assess functioning, review reactions to last session, & review homework

2. Mindfulness - “Counting breaths” exercise and “Kindergarten teacher” metaphor

3. Self-as-context – “Chessboard” and “TV set” metaphors

4. “Visualize thoughts on a screen” exercise

6. Homework: Behavioral commitment; Watch thoughts as images on a screen

Introduce present moment awareness by leading the client in a mindfulness exercise.

**“Counting Breaths” Exercise**

*Sit in a comfortable position with the spine straight and feet on the floor. Gently close your eyes and take a few deep breaths. Breathe naturally without trying to influence it.*

* *Count "one" to yourself as you exhale.*
* *The next time you exhale, count "two," and so on up to "five."*
* *Then begin a new cycle, counting "one" on the next exhalation.*

*If you notice yourself counting higher than five gently bring your attention back to your breath and begin again at “one.”*

Greater awareness of the present moment can help the client make room for private events. Again, while we teach clients not to resist internal experiences, acceptance does not mean “agreeing with.” The following metaphor illustrates a gentle posture of acknowledging unwanted private events while maintaining committed action.

**“Kindergarten Teacher” Metaphor**

*Imagine a kindergarten teacher teaching a lesson to a classroom full of students. While the teacher is talking, one of the students blurts out “my dog had puppies!” There are lots of ways the teacher could respond: she could scold the student for interrupting or pretend the student didn’t say anything. Excellent teachers respond to these kinds of interruptions by smiling at the student, saying something like “Oh wow” or “That’s awesome,” and then getting right back to the lesson.*

**Self as Context**

Self as context in the treatment of OCD involves being able to treat ones private events as nothing more than any other every day event, to treat a thought as a thought, a feeling as a feeling, and sensations as sensations, nothing more. Individuals with OCD have a very difficult time not giving into their obsessions because they feel like they are real events. The client might encounter this when engaging in the willingness exercises in the past two sessions. If the client has a hard time creating willingness to experience the obsession without responding to it, use that as the place to introduce self as context. Self as context is not something that can be described verbally; it is a psychological posture that is best learned through practice and experience.

**The “Chessboard” Metaphor**

The chessboard metaphor is a central ACT intervention and another way to connect the client to the distinction between content and the observing self. It helps the client see that she is not her inner experiences and that these experiences occur within her but do not define her.

*Here is another way to look at thinking. It's as if there is a chess board that goes out infinitely in all directions. It's covered with different colored pieces, black pieces and white pieces. They work together in teams, like in chess--the white pieces fight against the black pieces. You can think of your thoughts and feelings and beliefs as these pieces; they sort of hang out together in teams, too. For example, "bad" feelings (like anxiety, depression, resentment) hang out with "bad" thoughts and "bad" memories. Same thing with the "good" ones. So it seems that the way the game is played is that we select which side we want to win. We put the "good" pieces (like thoughts that are self-confident, feelings of being in control, etc.) on one side, and the "bad" pieces on the other. Then we get up on the back of the white queen and ride to battle, fighting to win the war against anxiety, depression, thoughts about using drugs, whatever. It's a war game. But there's a logical problem here, and that is that from this posture, huge portions of yourself are your own enemy. In other words, if you need to be in this war, there is something wrong with you. And since it appears that you're on the same level as these pieces, they can be as big or even bigger than you are, even though these pieces are in you. So somehow, even though it is not logical, the more you fight the bigger they get. If it is true that "if you are not willing to have it, you've got it," then as you fight them they get more central to your life, more habitual, more dominating, and more linked to every area of living. The logical idea is that you will knock enough of them off the board so that you eventually dominate them--except your experience tells you that the exact opposite happens. Apparently, the black pieces can't be deliberately knocked off the board. So the battle goes on. You feel hopeless, you have a sense that you can't win, and yet you can't stop fighting. If you're on the back of that white horse, fighting is the only choice you have because the black pieces seem life threatening. Yet living in a war zone is a miserable way to live.*

*It's useful to look at yourself as the board, not the pieces or the player. Without a board, these pieces have no place to be. The board holds them. Like what would happen to your thoughts if you weren't there to be aware that you thought them? The pieces need you. They cannot exist without you, but you contain them, they don't contain you. Notice that if you're the pieces, the game is very important; you've got to win, your life depends on it. But if you're the board, it doesn't matter if the war stops or not. The game may go on, but it doesn't make any difference to the board. As the board, you can see all the pieces, you can hold them, you are in intimate contact with them and you can watch the war being played out on your consciousness, but it doesn't matter. It takes no effort.*

The chessboard metaphor is often physically acted out in therapy. For example, a piece of cardboard is placed on the floor and various attractive and ugly things are put on top (e.g., cigarette butts, pictures). The client may be asked to notice that the board exerts no effort to hold the pieces (a metaphor for the lack of effort that is needed in willingness, with the physical act of the board holding things as a metaphor for willingness). The client may be asked to notice that at board level only two things can be done: hold the pieces and move them all in a direction. We cannot move specific pieces without abandoning board-level. Notice also that the board is in more direct contact with the pieces than the pieces are to each other—so willingness is not about detachment. Rather, when we "buy" a thought or struggle with an emotion we go up to piece level and at that level, other pieces, while scary, are not genuinely being touched at all.

**“TV Set” Metaphor**

Similar to the idea of the chessboard, the TV metaphor illustrates self-as-context. The participant is invited to envision her- or himself as a TV set—the *location* where shows are viewed—not as the channels or the *content* of the shows that appear on the TV. A useful way to introduce this discussion is to ask the client to describe their favorite TV shows.

**“Watching Thoughts on a Movie Screen” Exercise**

Ask the client to close their eyes. Start by encouraging the client to mindfully notice their surroundings, their bodily sensations, their breathing. Then ask them to gently turn their attention to their thoughts. As thoughts appear, they are seen as images on a movie screen. Tell the client that there is no right or wrong way to do the exercise—images may appear as abstract colors or shapes, or as words. If distracting thoughts arise, these can also be gently placed on the screen and watched.

**Homework:**

* **Behavioral commitment**
* **Watch thoughts as images on a movie screen** (To be practiced daily as a planned mindfulness exercise and as needed when troubling thoughts appear)

**Session 8**

Session 8 Overview:

1. Assess functioning, review reactions to last session, & review homework

2. *Soldiers on parade* mindfulness exercise

1. Review all processes using *Passengers on the bus* metaphor
2. Discuss end of treatment and relapse issues

**“Soldiers on Parade” Exercise**

Building on the homework to watch thoughts on a screen, the “soldiers on parade” exercise provides an opportunity to practice mindful noticing. It also helps distinguish between “having a thought” and “buying a thought.”

*This exercise shows how quickly thoughts pull us away from experience when we “buy” them. All I’m going to ask you to do is to think whatever thoughts you think and to allow them to flow, one thought after another. The purpose of the exercise is to notice when there’s a shift from looking at your thoughts, to looking from your thoughts. You will know that has happened when the parade stops or you are down in the parade or the exercise has disappeared.*

*I’m going to ask you to imagine that there are little people, soldiers, marching out of your left ear marching down in front of you in a parade. You are up on the reviewing stand, watching the parade go by. Each soldier is carrying a sign, and each thought you have is a sentence written on one of these signs. Some people have a hard time putting thoughts into words, and they see thoughts as images. If that applies to you, put each image on a sign being carried by the soldiers.*

*Get centered, and begin to let your thoughts go by written on signs carried by the soldiers. Now here is the task. The task is simply to watch the parade go by without having it stop and without you jumping down into the parade. You are just supposed to let it flow. At some point you will have the sense that the parade has stopped, or that you have lost the point of the exercise, or that you are down in the parade instead of being on the reviewing stand. When that happens, I would like you to back up a few seconds and see if you can catch what you were doing right before the parade stopped. Then go ahead and put your thoughts on the signs again, until the parade stops a second time, and so on. The main thing is to notice when it stops for any reason and see if you can catch what happened right before it stopped. One more thing: if the parade never gets going at all and you start thinking “it’s not working.” or “I’m not doing it right” then let that thought be written on a sign and send it down into the parade.*

**Revisit “Passengers on the Bus” Metaphor**

All six ACT processes are found in the *Passengers on the Bus* metaphor. Revisiting the metaphor can be a helpful way to review and summarize treatment. Tailored to the clients’ own experiences and values, discuss driving the bus (committed action) in chosen directions (values) while carrying disruptive passengers (acceptance). The bus driver mindfully notices (present moment awareness) what is being said by passengers, realizing that passengers’ comments are “just thoughts” (defusion), not truths that define the driver (self as context).

**Ending Treatment**

Ask the client to discuss feelings about the end of treatment. Clients may be reluctant to end sessions, fearing that OCD will worsen. “What if things get worse?” can be framed as the words of a noisy passenger on the bus. Encourage the client to think of working on OCD as an ongoing process, not as “you either have OCD or you don’t.” As discussed during session 5, clients can expect the “anxiety scale” to go up and down. Many clients will have times of engaging in compulsions after therapy ends. Inform the client that such relapses are normal and need not be thought of as a return to former functioning. These times can be seen as opportunities for practicing skills learned in therapy (e.g., acceptance, mindfulness, valued action).

Invite the client to continue setting and working towards specific values-consistent goals. It may be helpful to have the client continue to track daily compulsions and to check in with a parent about progress.

Appendix K

Definitions of ACT Processes

Acceptance

*Definitions*

“The active and aware embrace of private events that are occasioned by our history, without unnecessary attempts to change their frequency or form, especially when doing so would cause psychological harm” (Luoma et al., 2007).

“Actively embracing private events (thoughts, feelings, bodily sensations), while they are presently occurring, as ongoing private experiences” (Twohig & Hayes, 2008).

*Therapist Behavior (examples)*

* Encourages sticking with difficult thoughts, feelings, memories, and/or bodily sensations.^
* Engages client in exposure exercises\*
* Talks about doing things just to do them or doing things for the experience\*
* Encourages behaviors that are new or have not been done for a long time\*
* Reinforces client for saying “I would usually not talk about this” or the like\*
* Encourages the client to engage in any of the above outside the session
* Uses *two scales* metaphor

Creative Hopelessness (coded as Acceptance)

*Definition*

Undermining ineffective change strategies and emphasizing the negative consequences of the strategies.^

*Therapist Behavior (examples)*

* Asks the client for specific instances of efforts to control or change thoughts or feelings^
* Asks about workability of control attempts^
* Uses “control as the problem” techniques (e.g., *polygraph*^, *man in the hole*^, *chocolate cake*, *wedge of lemon*, *mind reading*).
* Reminds the client of historical control attempts^
* Encourages the client to engage in any of the above outside the session

Defusion

*Definitions*

“Seeing thoughts and feelings for what they are (i.e., a verbally entangeled process of minding) rather than what they advertise themselves to be (e.g., the world understood; structured reality)” (Hayes et al., 1999).

“The process of creating nonliteral contexts in which language can be seen as an active, ongoing, relational process that is historical in nature and present in the current moment” (Luoma et al., 2007).

*Therapist Behavior (examples)*

* Talks about mind as a separate thing (e.g., “There goes your mind again”\*, “thank your mind for that”^)
* Encourages “I am having the thought that…”(or functional equivalent)^
* States that thought/feeling does not lead to action^
* Undermines “right and wrong” languaging\*
* Comments flexibly on the functions of thoughts\*
* Replaces “but” with “and”^
* Reinforces client for confusion\*
* Laughs at things in session\*
* Encourages the client to engage in any of the above outside the session
* *Magic wand* or *$100,000* questions
* *Your mind is not your friend* or *finding a place to sit* or *bad cup* metaphors
* *Milk, milk, milk* or *having a thought vs buying a thought* exercise

Self-as-Context

*Definitions*

“A continuous and secure ‘I’ from which events are experienced, but that is also distinct from those events” (Luoma et al., 2007).

“Seeing that observations are being made from a consistent locus: I/here/now—the “you” aware of the experiences, not the experiences themselves” (Twohig & Hayes, 2008).

“The locus from which a person’s experience unfolds” (Bach & Moran, 2008).

*Therapist Behavior (examples)*

* Reinforces client’s perspective-taking (e.g. expression of empathy for others)\*
* Discusses private events as ongoing processes that do not define client\*
* Says “you are the place/container/context”…^
* Uses *chessboard* metaphor^
* Uses *observer* exercise
* Encourages the client to engage in any of the above outside the session

Being Present

*Definition*

“Ongoing, nonjudgmental contact with psychological and environmental events as they occur” (Luoma et al., 2007).

*Therapist Behavior (examples)*

* Helps client focus on bodily sensations, thoughts, and/or feelings in present^
* Describes own (therapist’s) sensory experience

Values

*Definitons*

“Chosen actions that can never be obtained as an object, but can be instantiated moment by moment” (Luoma et al., 2007).

“Areas of importance that we recognize and embrace as guides of our patterns of action” (Twohig & Hayes, 2008).

*Therapist Behavior (examples)*

* Engages in activities because of their intrinsic value and the vitality they bring\*
* Asks for clarity about what client wants\*
* Links previous pain to present purposes\*
* Reminds client of stated values^
* Encourages the client to engage in any of the above outside the session

Committed Action

*Definitions*

“The development of larger and larger patterns of effective action linked to chosen values” (Luoma et al., 2007).

“Behaving in the service of chosen values” (Bach & Moran, 2008).

*Therapist Behavior (examples)*

* Assigns homework linked to short-, medium-, and long-term behavior change goals.
* Asks client to generate behavioral goals^
* Encourages client to follow through on behavioral goals^
* Reinforces completion of homework and keeping of commitments\*
* Reinforces spontaneous engagement in new behaviors \*
* Encourages behavioral generalization to new domains\*
* Encourages flexibility, responsibility, and empowerment related to actions\*
* Encourages the client to engage in any of the above outside the session

^adapted from ACT for OCD Adherence Manual (Twohig & Plumb, 2008)

\*adapted from ACT Verbatim (Twohig & Hayes, 2008)