## ACT Treatment Manual for Impulsive Decision Making

One Approach for Multiple Behaviors: Acceptance and Commitment Therapy

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Adapted from:

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change* (1st ed.). The Guilford Press.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change* (2nd ed.). Guilford Press.

### Twohig, M. P. (2004). ACT for OCD: Abbreviated Treatment Manual

This manual is for 8 individual sessions of Acceptance and Commitment Therapy (ACT) for adults with an intolerance of delays that lead to problem behaviors (e.g., substance use, procrastination, overeating, problematic pornography use, problematic gambling). Prior to treatment, clients were assessed on their level of delay discounting (a measure of impulsivity and tendency to choose smaller, immediate rewards over larger, delayed rewards) and overall well-being. Those that were more impulsive, had lower levels of well-being, had a specific behavior s/he desired to change through treatment, and were self-referred were chosen to begin therapy.

**Therapist Training:**

At a minimum level the therapist should have read a comprehensive book on ACT (e.g., Hayes, Strosahl, & Wilson, 2011) and be familiar with the particular philosophy underlying ACT – functional contextualism. It would be in the therapist’s best interest to attend an experiential ACT workshop. These are offered many times per year. Information on these workshops is available at contextualscience.org. Given that this manual is designed to be applied across a variety of behaviors, it is recommended even more than usual to have a strong understanding of the philosophy and theories underlying ACT. The therapist needs to be able to apply techniques in an accurate way based on what the client shares in session.

**The Basics of ACT:**

ACT is a form of therapy that strives to help individuals engage in behaviors that fit with how they want to be as a person. Often people have behaviors that they want to change, but thoughts, emotions, and bodily sensations can persuade them to behave differently. ACT works to reduce the impact of these internal experiences (thoughts, emotions, and bodily sensations) in order to help people behave differently. Put simply, ACT helps people make decisions based on what is important to them (their values) rather than what feels better in that moment.

**The Basics of an ACT Therapist:**

**Recommended Readings:** Chapters 1, 2, 3, & 5 (Hayes, Strosahl, & Wilson, 2011)

When implementing ACT, it is important to allow individuals to be a neutral figure and to guide the decision making process of the individual based on what works best for that person. ACT is an experiential treatment. Thus, the use of exercises, metaphors, and examples are often used to help the client arrive at his/her own decisions. Explaining, telling, and giving rules does not meet the goals of ACT. ACT providers understand that all humans can get trapped into following their own internal experiences. The providers take an equal stance with the people receiving services. The client is not broken and does not need to be fixed.

Attending an experiential workshop, viewing ACT sessions, and/or receiving supervision from an ACT therapist are recommended in order to see the way ACT is implemented. One can deliver all the exercises and metaphors as written in the book, but not be doing ACT. The behavioral theories (Relational Frame Theory and rule-governed behavior) that underlie ACT techniques recommend against rote, “one size fits all” exercises, metaphors, and techniques.

At the core of an ACT therapeutic strategy is the assumption that that there is nothing wrong with the client. The client is not broken and coming into the therapist to be fixed. The therapist must remember that the client is part of the same verbal community as the therapist and struggles with the same attempts to control emotions. If the therapist can feel that the client is struggling, and share in that struggle, then the therapist will be more effective. The therapist can understand wanting to change a behavior, but struggling to do so because of a variety of emotions, thoughts, and urges that get in the way. Bringing this awareness and empathy into the room is in the service of helping the client and will increase your effectiveness as an ACT therapist.

As with all manualized treatments, there is a need for flexibility when following the guidelines set below. What you will find below is a summary of the order in which processes were addressed and examples of how they were addressed. Ultimately, a thorough assessment of where your client falls on each of the six ACT processes will determine the focus of treatment. It is recommended to stay with the general pattern of this manual as that was how it was tested, but the amount of time covering each process and how it is done will depend on the client and his/her needs. Assessment tools like the ACT ADVISOR (found at contextualscience.org) can help determine the needs of the client.

**Session 1:**

Outline:

|  |  |
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| Introduction | Explanation of the course of treatment/study and assessments |
| Limits to Confidentiality | Suicide, homicide, and abuse of children or disabled adults (based on ethical guidelines for your profession/region) |
| Informed Consent | Warning that therapy may result in emotional discomfort |
| Gather Information | Gain information about the client, history of presenting problem, and contextual variables |
| Contact with Present Moment | Help the client be aware and present with their inner experiences using exercises like *Leaves on a Stream* and *body scans* |

**Recommended Readings:** Chapters 4 and 7 (Hayes, Strosahl, & Wilson, 2011)

Introduction

Make sure the client understands what he or she has agreed to participate in. The participant will be attending eight sessions of therapy. The sessions will occur every week, generally at the same time on the same day. The client is expected to attend all sessions and to contact the therapist if he or she cannot attend. Make sure that you have the client’s phone number(s) and email so you can reschedule in case the client does not attend the session. At the end of these eight sessions the client will be expected to attend a posttreatment assessment. Allow the participant to ask you questions concerning the study.

**Discuss limits to confidentiality**

Explain that everything that occurs in session will remain confidential. The only exceptions to this are that selected individuals will watch a selected number of the videotapes and score them for treatment integrity. In addition, confidentiality must be broken according to the ethical codes of the American Psychological Association (or the relevant ethical code for your region). This includes: if the client reports plans of harming themselves or others, or reports harming a child or the elderly.

**Getting participant on board**

**Informed Consent.** Any attempt to change behavior is going to be psychologically difficult. The client likely has fears, dread, or concerns about contacting his/her internal experiences and may have some reservations about beginning treatment. To keep from scaring the client away from the treatment and to help the therapeutic relationship, the client should be made aware of what treatment involves. This can be difficult because ACT is an experiential therapy. Therefore the following description might be useful.

Therapist: I believe in letting clients know what will happen in therapy. I see two ways to go. The approach we are going to use can be demanding and confusing. I can’t fully describe this approach to you because to some degree explaining the therapy happens in the course of this therapy. It is focused on changing things that are changeable and to learn how to experience the things you can’t change in a different way. It is not an approach to be entered into lightly, but it has been helpful for some people with problems like yours. 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, anger, 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 show up whatever comes up.

**Commitment to a Course.** Changing behavior, for some, can be difficult and frightening. Also, in some cases, the outcomes of ACT are not seen until later in the treatment. Therefore, the client should be warned of this and agree to participate in the entire treatment and not to judge the treatment impulsively.

Therapist: I do want to warn you that there will likely be times in therapy where it feels like things are getting worse rather than better. This is a very normal process. All I ask, is that when that time arrives, when you don’t feel like coming to session, just tell me. We will work through it. Sometimes you might feel like quitting therapy all together. This will likely happen in the times where it feels like we are working backwards more than forwards. I don’t recommend judging how well this is going on a week to week basis though. If we could make changes that fast, we wouldn’t be meeting for 8 sessions. This is a long process, so allow yourself time to change. 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. So I would like for us to try our hardest for these 8 sessions and really see if this treatment works for you, but let’s not decide that until we are all done.

**Alliance Building.** In addition to providing and gathering the necessary information during these sessions, the therapist should also work to be warm, empathetic, and accepting. It is important that the client and therapist have a sense of mutual trust and respect before beginning work from an acceptance and commitment perspective.

Therapist: Of course, I haven’t had the same exact experiences as you, but to the extent possible, it will help me in providing your treatment if I can get a sense of your struggle from the inside – to get a sense of how the world is from inside your skin. Now, I’m not going to pretend that I know all of the ins and outs of the specific things you struggle with; we don’t share that experience. What we do share, though, is more fundamental. We’re both humans, and as humans, we have access to the human struggle. My expertise is in helping people to move forward who have gotten stuck, and who have tried a lot of things to get unstuck. Your job will be to be the expert on your difficulties. My job will be to see how our approach applies to the particulars of your difficulties.

**Two Mountains Metaphor**

It’s like you’re in the process of climbing up a big mountain that has lots of dangerous places on it. My job is to watch out for you and shout out directions if I can see places you might slip or hurt yourself. But I’m not able to do this because I’m standing at the top of your mountain, looking down at you. If I’m able to help you climb your mountain, it’s because I’m on my own mountain, just across a valley. I don’t have to know anything about exactly what it feels like to climb your mountain to see where you are about to step, and what might be a better path for you to take.

**Assessment of Target Behavior and Its Context**

The function of the general assessment is to get a sense of what the client’s behavior and struggle with the behavior is like. The manual will fit no matter what the client’s particular internal experiences and behaviors are, but this part of therapy is crucial to be able to apply ACT techniques in a flexible manner. An understanding of the function of the behaviors is needed before moving forward. The main pieces of information you want to know after this assessment are: an operational definition of the target behavior, the contexts that tend to precede the behavior (internal or external), and the effect of the behavior (the ABCs). The purpose of this session is for you and the client to both have a clear understanding of the treatment target and the barriers to change that are present.

* Ask the client to describe their target behavior(s).
* Ask how long this behavior has been a problem?
* What other strategies has the client tried?
* What are the situations when they do the behavior the most often?
* Are there thoughts, feelings, or urges that tend to come up before doing the behavior?
* What happens to those internal experiences after doing the behavior?
* Any relevant history information can also be gathered at this time.

Clients may struggle to explain their target behavior and the surrounding context in the detail that is necessary for a complete understanding for treatment. Thus, this session includes aspects of mindfulness or present moment exercises. These can be done explicitly or can be used mixed in with the description of the presenting concerns.

Awareness of bodily sensations: The therapist guides an eyes closed body scan exercise, where the client brings awareness to his/her body and the sensations that are present in it (starting at the toes and slowly bringing attention to the remainder of the body up to the top of the skull). This can be used to directly describe the urges that precede the target behavior in session or simply be used as practice for out of session awareness.

Awareness of thoughts and emotions: The therapist can guide an eyes closed exercise where the client watches his/her thoughts or emotions as objects passing by (without attaching meaning or values to them). Examples of the objects could be members of a parade holding signs that state the emotion or thought, clouds that contain the same content (especially useful to indicate a lack of control of the flow of the thoughts/emotions), leaves on a stream, words on a TV/computer screen, or some other item that is relevant to the client.

The amount of time spent increasing the client’s awareness to internal and external cues to the behavior is dependent upon the amount of awareness the client brings to the session. If the client is fully present and can clearly articulate the antecedents and consequences to the behavior, then less time is needed for mindfulness skills.

**Homework:** The client will practice bringing awareness to specific aspects of his/her target behavior that was deemed to need more practice from in session exercises.

**Session 2:**

|  |  |
| --- | --- |
| Acceptance  (Willingness) | Identify the distinction between behavior and urges to engage in behavior |
| Short-term vs. long-term effectiveness of attempts to control urges |
| Identify the negative impact of attempts to control urges |
| Highlight paradoxical nature of attempts to control urges using the *Man in the Hole* metaphor |
| Identify attempts to control urges as part of the problem using the *Polygraph*, *Chocolate Cake*, and *What are the Numbers?* Exercises |
| Introduce acceptance as an alternative to control using the *Two Scales* metaphor |
| Encourage acceptance of any problematic inner experiences |

**Recommended Readings:** Chapters 6 and 10 (Hayes, Strosahl, & Wilson, 2011)

**Review Homework:** Check on the client’s awareness of the internal and external experiences specific to the target behavior and address any issues the client had with increasing awareness.

**Session Review**

This session covers several aspects of ACT. This is a crucial session to allow the client to come to his/her own conclusions and to not provide rules to follow. This session sets the tone for the remainder of therapy. Therapists often struggle with this session because it feels uncomfortable to allow the client to be confused and struggling. This needs to happen for the client to form a direct relationship with his/her experiences.

The session begins with a discussion (or recap) of the internal stimuli that influence the target behavior. This recap can reinforce the idea that internal stimuli and external behaviors are distinct. An example of this:

Therapist: Last week, we talked about two separate pieces of your experience when it comes to smoking. The one piece is what happens inside your skin: the thoughts about going crazy if you don’t have a cigarette, the way your body feels when urges to smoke are there, and how you feel irritable if you haven’t smoked. Then there is the second piece of what you do with your body, the stuff outside your skin. What we talked about before was that sometimes you choose to smoke a cigarette, sometimes you go for a walk, avoid friends that smoke, sometimes you use a nicotine patch/gum, sometimes you snap at your kids, and sometimes you drink. We’re going to dig a little deeper into understanding these two separate pieces and how well they work together.

**Effectiveness of Control Strategies**

Therapist: I’m interested in knowing what happens to all of that stuff inside your skin when you do these behaviors.

At this point, the therapist and client can make a list (or do it mentally if the list is short enough) of all of the behaviors the client does when faced with internal experiences to do the target behavior. After an extensive list is created (it is recommended to be prepared with behaviors discussed in the previous session to help this task go faster and to avoid repetition), talk about and write down the short term and long term effectiveness of each behavior. What we mean by effectiveness is “did the behavior stop the unwanted feeling, thought, or sensation?” Make sure the client understands this before starting the task. What will likely result is a list of behaviors that reduce or remove the unwanted internal experience in the short-term, but then the experiences return or become worse in the long-term. There will sometimes be strategies that are more effective than the others and have longer impacts. It is important to not judge or push the client to certain beliefs, but to take an exploratory stance with the client to determine the most effective way for them to move through their lives. The main question you and client are looking to answer with this activity is “Are the behaviors the client is doing making their internal experiences better, the same, or worse?” Ultimately you are looking for methods that work long-term. Most methods clients attempt help them feel better in the moment, but impact them poorly in the long run, and is generally the reason they are seeking treatment.

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.

Make sure not to blame the client. You are on the client’s side and trying to figure out what works to decrease the internal experiences. Do not try and talk the client into this, let the client’s experience tell him or her that these methods are or are not effective.

**Effects of Control Agenda**

The main goal of this section of treatment is to help the client become aware that the control strategies/behaviors are not working in the long run (usually), that there is significant effort put toward changing an unchangeable object, and that attempts to change the unchangeable objects is actually making the internal experiences worse and having a negative impact on quality of life. This can be hinted at in the previous exercise with comments and observations like:

Hmm, you’re working pretty hard to get rid of these feelings.

A lot of your day is spent working on this.

Do you have the energy to keep up with all of this each day?

Do you feel like you are getting the results you are looking for?

I’m starting to see a pattern here. These really help for a little while and seem to be causing problems in the long run.

It’s almost like the issue is that these things won’t change, even though you are trying really hard to make them.

A more explicit exercise can be used after the previous exercise is complete. An example of this is the Person in the Hole Metaphor. Although this metaphor is written out like a speech, do not implement it in that way. Walk the client through the metaphor being sure to allow him/her to interact with the metaphor and its content. This will ensure that the metaphor fits the client’s experience and can clarify misunderstandings along the way:

Imagine that you’re placed in a field, wearing a blindfold, and you’re given a little bag of tools. You’re told that your job is to run around this field, blindfolded, and live your life. So you start running around and sooner or later you fall into this big hole. Now one tendency you might have would be to try and figure out how you got in the hole--exactly what path you followed. You might tell yourself, “I went to the left, and over a little hill, and then I feel in,” etc. In one sense, that may be true; you are in the hole because you walked exactly that way. However, knowing that is not the solution to knowing how to get out of the hole. Furthermore, even if you had not done exactly that, and you’d gone somewhere else instead, in this metaphor, you might have fallen into another hole anyway, because unbeknownst to you, in this field there are countless widely-spaced, fairly deep holes. Anyway, so now you’re in this hole, blindfolded. Probably what you would do in such a predicament is take the bag of tools you were given and try to get out of the hole. Now just suppose that the tool you’ve been given is a shovel. So you dutifully start digging, but pretty soon you notice that you’re not out of the hole. So you try digging faster, or with bigger shovelfuls, or with a different style. More, different, and better. More, different, and better. But all of that makes no difference, because digging is not the way out of the hole; it only makes the hole bigger. Pretty soon this hole is huge. It has multiple rooms, halls, and caverns. It is more and more elaborated. So maybe you stop for a while and try to put up with it. But it doesn't work -- you are still in the hole. This is like what has happened with your anxiety. It is bigger and bigger. It has become a central focus of your life. You know all this hasn’t worked. But what I’m saying is that it can’t work. You absolutely can't dig your way out of the hole. It's hopeless. That’s not to say that there is no way out of the hole. But within the system in which you have been working--no matter how much motivation you have, or how hard you dig--there is no way out. This is not a trick. No fooling. You know that sense you have that you are stuck? And that you came here to get help to fix it? Well, you are stuck. And in the system in which you are working, there is no way out. The things you’ve been taught to do aren't working although they may work perfectly well somewhere else. The problem is not in the tools; it’s in the situation in which you find yourself using them. So you come in here wanting a gold-plated steam shovel from me. Well, I can’t give it to you and even if I could I wouldn’t because that’s not going to solve your problem. It'd only make it worse.” If client asks for the way out of the hole, say something like “your job right now is not to figure out how to get out of the hole. That is what you have been doing right along. Your job is to accept that you are in one. In the position you are in right now, even if you were given other things to do, it wouldn't work. The problem is not the tool -- it is the agenda. It is digging. If you were given a ladder right now it wouldn’t do any good. You’d only try to dig with it. And ladders make terrible shovels. If you need to dig, you've got a perfectly good tool already. You can’t do anything else until you let go of the shovel and let go of digging as the agenda. You need to make room for something else in your hands. And that is a very difficult and bold thing to do. The shovel appears to be the only tool you have. Letting go of it looks as though it will doom you to stay in the hole forever. And I can’t really reassure you on that. Nothing I can say right now would help ease the difficulty of what you have to do here. Your best ally is your own pain, and the knowledge that nothing has worked. Have you suffered enough? Are you ready to give up and do something else?

or

I want you to look around the room. Can you find anything in this room that was not created by the human mind? Our minds are wonderful tools when we need to fix things. If we need food, we go eat. If we have a flat tire, we figure out how to get a new one and put it on the car. If our hair is too long, we get it cut. This is how 95% of our world functions: if you have a problem, fix it. And that works for the most part. So let’s talk about that other 5%. That is the stuff that happens inside of us: thoughts, emotions, bodily sensations. Our minds attempt to use the same strategy of “fix it” that it uses for the 95% on the 5%. However, let’s see how well that works. I’m going to give you a scenario where I want you to imagine fixing, controlling, or stopping anxiety or nervousness. Let’s imagine that you are asked to sing the national anthem at a professional baseball game that is being televised and will be broadcast all over the country. I’m going to hook you up to a machine that can detect any sort of distress. Now, I will give you $1000 to sing the National Anthem, but you cannot feel any distress or really have any sort of thought about being distressed. Could you do that? Why (or why not)? It’s a $1000! If you really want that $1000, why couldn’t you control your feeling of being nervous? Yeah, so maybe the same control and “fix it” strategy our minds use for the 95% of our world that is external doesn’t work for the 5% of the internal world. And oddly enough, it seems like your distress would actually go up when you tell it to not be there! Isn’t that weird! The second you say “go away!” it actually shows up more than if you say “come on in.”

The majority of the session focuses on the concepts of creative hopelessness and control as the problem. The therapist should not move on before the client sees and feels the uselessness and paradoxical effects 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.

Clinical judgment is necessary to determine when the focus of the session can turn to willingness (acceptance). It is recommended to avoid stating the word “acceptance” in session as clients tend to have a different meaning for acceptance than we do. Using the word “willingness” will save you time trying to disengage what the client’s history has applied to the word “acceptance.” The main concept you are working on in this section of session 2 is to help the client see that an open stance toward difficult internal experiences might be less exhausting and will allow for flexibility in their actions. An example of how to do this is:

Let’s try an exercise where we can see the difference between saying “go away” to those thoughts versus saying “come on in.” I have notecards here, one for you and one for me. We’ll each write a thought on here that we usually like to push away. Mine is \_\_\_\_\_\_\_\_ (the trainer should use an impulsive example as well). What is yours? Now I’m going to have you resist this thought as much as you can (Place your hand on one side of the card and the person’s hand on the other side. Then begin pushing). Now don’t let this thought touch your body. It is very important. Don’t let it get near you! How are you feeling right now, pushing against this thought? What does your body feel like? Ok, now I want you to allow this card to sit on your lap (Set card on the person’s lap). Just allow it to sit with you. No pushing, no fighting. Just welcome it to sit there and be with you. What is this like for you? How does your body feel right now? The thought is close and it is touching you. And oddly enough, when you were pushing against it and fighting it. The card was still touching your hand. So in both scenarios, the card/thought was touching you. What was different about these scenarios if the thought was touching you in both? How would you prefer to live your life? Fighting the thought of \_\_\_\_\_\_\_\_ (insert internal experience from beginning) and having it touch you or welcoming it and still having it touch you? Can you imagine what that would look like in your life? Is there a way to compassionately welcome all the thoughts and feelings that show up for you throughout the day? One way that we can try this is to put this card in a pocket or a purse and carry it with us all day. I’m going to put mine in my pocket. If you’re willing, you can do the same. We can choose to bring it along with us. Because, really, we both know that thought is going to be there whether we want it to or not. So how about we try another way of interacting with it. We can’t get rid of it. Let’s try bringing it in close and gently carrying it throughout the day. What do you think?

or

Imagine there are two scales, 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 [or discomfort, depression, unpleasant memories, etc.--use a name that fits the client's struggle] 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. It's like a ratchet or something. You know how a ratchet wrench works? When you have a ratchet set one way no matter how you turn the handle on the wrench it can only tighten the bolt. It's like that. When anxiety is high and willingness is low, the ratchet is in and anxiety can't go down. That's because if you are really, really unwilling to have anxiety then anxiety is something to be anxious about. It's as if when anxiety is high, and willingness drops down, the anxiety kind of locks into place. You turn the ratchet and no matter what you do with that tool, it drives it in tighter. So, what we need to do in this therapy is shift our focus from the anxiety scale to the willingness scale. 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! 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 when anxiety starts up the ratchet will lock in and 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.

**Homework:** At the end of session, the client may not be completely on board with using increasing willingness. This is okay. The homework is designed for the client to try it out and report back on what worked and what didn’t. Set a specific behavioral commitment with the client (a specific measureable goal) that is related to the target behavior. Choose a small obtainable goal (e.g., smoke one less cigarette a day) that you and the client are confident that s/he can succeed and that it will bring up enough distress that the client can practice both avoidance/suppression and willingness. Have the client attend to the effects of both strategies and ask them to be prepared to discuss them the following session.

**Session 3:**

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| Values | Discuss what could be gained by letting go of the control agenda |
| Define the concept of values |
| Clarify the client’s values and assess the consistency of the his/her behavior with those values |

**Recommended Readings:** Chapter 11 (Hayes, Strosahl, & Wilson, 2011)

**Review Homework:** Check in on the client’s behavioral commitments and discuss the effectiveness of avoidance/suppression and willingness. Use this as an opportunity to refresh content from the previous session and to begin the discussion of values. A few examples of how to transition into talking about values are below:

So you mentioned that willingness was pretty difficult, we will keep practicing this and finding ways that might help with that. For now, I would like us to shift our focus to a discussion about why it might be worthwhile to go through all of this distress.

It sounds like willingness worked well for you. You felt a little like you were just gritting your teeth through it and were wondering why you are bothering to do this. Well let’s talk about that today.

It definitely seems easier in the moment to just avoid or try to push away those feelings. From what I know about you, you didn’t come to therapy looking for ways to make those brief moments better, you wanted a way to live your life better. I’m here to help you build a vital life that is not determined by those moments of distress.

**Defining and Clarifying Values**

The main goal of this session is to provide meaning and guidance for behaviors when the client has arrived at a point where internal experiences are no longer guiding those behaviors. Help the client understand the distinction between values and goals. Values are the motivation to accept internal experiences in the short term. It provides a context in which people are more likely to live in the way they want their life to be instead of making decisions based on immediate consequences.

Let’s talk a bit about how you would like to live your life. I’d like to go through some examples of the type of person you want to be. What is it about \_\_\_\_\_\_ (use target behavior) that is important to you? Usually within our pain we find what is important to us and what is important to us, we find pain. You experience distress when deciding whether to \_\_\_\_\_ (e.g., study, work, exercise, eat healthy). The fact that distress comes along with that decision means there’s something important in there. Let’s talk about what that is.

I like to call these “values.” These are long term ways of being. It is like traveling west. You never reach west. You can always go more west from wherever you are. We can set “goals” each week that can help you go westward and you can stay on track with your values though.

The following are areas of life that are valued by some people. Not everyone has the same values and this worksheet is not a test to see if you have the “correct” values. Describe your values as if no one would ever read this worksheet. As you work, think about each area in terms of both concrete goals you might have, and also in terms of more general life directions. So, for instance, you might value getting married as a concrete goal and being a loving spouse as a valued direction. The first example, getting married is something that could be completed. The second example--being a loving spouse--does not have an end. You could always be more loving, no matter how loving you already were. Work through each of the life domains. Some of the domains overlap. You may have trouble keeping family separate from marriage/intimate relations. Do your best to keep them separate. I will provide assistance when you discuss this goals and values assessment. Clearly number each section, and keep them separate from one another. You may not have any valued goals in certain areas. You may skip those areas. It is also important that you write down what you would value if there were nothing in your way. We are not asking what you think you could realistically get, or what you or others think you deserve. We want to know what you care about, what you would want to work towards, in the best of all situations. While doing the worksheet, pretend that magic happened and that anything is possible.

**1. Marriage/couples/intimate relations.** In this section, write down a description of the person you would like to be in an intimate relationship. Write down the type of relationship you would want to have. Try to focus on your role in that relationship.

**2. Family relations.** In this section, describe the type of brother/sister, son/daughter, father/mother you want to be. Describe the qualities you would want to have in those relationships. Describe how you would treat these people if you were the ideal you in these various relationships.

**3. Friendships/social relations.** In this section, write down what it means to you to be a good friend. If you were able to be the best friend possible, how would you behave toward your friends? Try to describe an ideal friendship.

**4. Career/Employment.** In this section, describe what type of work you would like to do. This can be very specific or very general. (Remember, this is in an ideal world.) After writing about the type of work you would like to do, write about why it appeals to you. Next, discuss what kind of worker you would like to be with respect to your employer and coworkers. What would you want your work relations to be like?

**5. Education/Personal Growth & Development.** If you would like to pursue an education, formally or informally, or to pursue some specialized training, write about that. Write about why this sort of training or education appeals to you.

**6. Recreation/Leisure.** Discuss the type of recreational life you would like to have, including hobbies, sports and leisure activities.

**7. Spirituality**. We are not necessarily referring to organized religion in this section. What we mean by spirituality is whatever that means to you. This might be as simple as communing with nature, or as formal as participation in an organized religious group. Whatever spirituality means to you is fine. If this an important area of life, write about what you would want it to be. As with all of the other areas, if this is not an important part of your values, skip to the next section.

**8. Citizenship.** For some people, participating in community affairs is an important part of life. For instance, some people feel that it is important to volunteer with the homeless or elderly, lobby governmental policy makers at the federal, state, or local level, participate as a member of a group committed to conserving wildlife, or to participate in the service structure of a self-help group, such as Alcoholics Anonymous. If these sort of community oriented activities are important to you, write about what direction you would like to take in these areas. Write about what appeals to you about this area.

**9. Health/Physical well-being.** In this section, include your values related to maintaining your physical well-being. Write about health related issues such as sleep, diet, exercise, smoking, and so forth

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| Values Narrative Form | |
| **For Therapist:** Generate a brief narrative for each row, based upon discussion of the client’s values assessment homework. If none is applicable, put “none.” After generating all narratives, read each to the client and refine. Continue this process, simultaneously watching out for pliance-type answers, until you and the client arrive at a brief statement that the client agrees is consistent with their values in a given domain. | |
| **Domain** | **Valued Direction Narrative** |
| **Couples/Intimate Relationships** |  |
| **Family Relations** |  |
| **Social Relations** |  |
| **Employment** |  |
| **Education and Training** |  |
| **Recreation** |  |
| **Spirituality** |  |
| **Citizenship** |  |

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| Values Assessment Rating Form | | | | |
| Read and then rate each of the values narratives generated by you and your therapist. Rate how important this value is to you, on a scale of 1 (high importance) to 10 (low importance). Rate how successfully you have lived this value during the past month on a scale of 1 (very successfully) to 10 (not at all successfully). Finally rank these value narratives in order of the importance you place on working on them right now, with 1 being the highest rank, 2 the next highest, and so on. | | | | |
|  | | Rating or Rank | | |
| **Domain** | **Valued Direction Narrative** | **Importance** | **Success** | **Rank** |
| **Couples/Intimate Relationships** |  |  |  |  |
| **Family Relations** |  |  |  |  |
| **Social Relations** |  |  |  |  |
| **Employment** |  |  |  |  |
| **Education and Training** |  |  |  |  |
| **Recreation** |  |  |  |  |
| **Spirituality** |  |  |  |  |
| **Citizenship** |  |  |  |  |

I imagine decision making like a fork in the road. In each decision we make, one of the forks takes us closer to the person we want to be and the other takes us further away from the person we want to be. Sometimes when we choose what feels best in the moment, it isn’t what is best for us in the long run. Is your experience similar to this?

When we think about doing \_\_\_\_\_\_\_\_\_\_\_ (insert goal), what comes up in your mind? Notice how there is a pull to do what is easier in the moment. There is this pull to do what will immediately feel better. What happens when we choose to get rid of that uncomfortable feeling? Right, it still comes back and sometimes gets bigger and stronger. Would it be worth bringing the thoughts of \_\_\_\_\_\_\_\_\_\_ (insert internal experience) in order to have a life that is more about \_\_\_\_\_\_\_\_\_ (insert value) than trying to remove that uncomfortable feeling? That uncomfortable feeling will be there no matter what. So do you choose to welcome it along, turn up that willingness dial, and live a life you care about or to spend your days fighting it and moving away from things that matter to you?

**Homework:** Continue with behavioral commitments that are related to the target behavior. Increase the difficulty of the behavior slightly. Remember to increase it enough that the client can still succeed and that there will be enough to distress to continue practicing willingness. This time, ask the client to visual the fork in the road when faced with the decision to meet the goal or not. Ask him/her to use the values as a compass/guide for that decision and to “carry” the internal experiences with him/her while walking down the chosen path. Remind the client to come prepared to discuss this at the following session.

**Session 4:**

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| Self as Context | Increase distinction between the self and thoughts/emotions |
| *Chessboard* metaphor |

**Recommended Readings:** Chapter 8 (Hayes, Strosahl, & Wilson, 2011)

**Review of Homework:** Allow time to discuss behavioral commitment practice over the week and to discuss any barriers that arose to completion. Specifically look for processes that have already been covered: present moment, willingness, and values.

At this point in treatment the client will have had enough practice at attempts to change behavior that s/he will likely be able to articulate specific barriers. These barriers are likely to be that the client still views the internal experiences to be distressing and a part of him/her. This and the following session will address processes to help with that.

This session will focus on self as context. This process helps the client see internal experiences as events that are simply passing through. The client has a consistent part of him/herself called the “observing self” that is separate from the content of thoughts, emotions, and sensations. This part simply watches these events as they occur. The goal of this session is to increase the client’s awareness of the observing self. This will help decrease attachment to the content of internal events and thus make it more likely for clients to follow their values.

**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'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.

As the client connects to this metaphor, it can be turned to the issue of the self.

Therapist: Now, let me ask you to think about this carefully. In this metaphor, suppose you aren't the chess pieces. Who are you?

Client: Am I the player?

Therapist: That's exactly what you've been trying to be, so that is an old idea. The player has a big investment in how this war turns out. Besides, who are you playing against? Some other player? So suppose you're not that either.

Client: …. Am I the board?

Therapist: It's useful to look at it that way. 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 or dissociation. 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.

Once the client has been introduced to the metaphor, it is useful to reinvigorate it periodically by simply asking the client, "are you at the piece level or at the board level right now"? All the arguments, reasons, and so on that the client brings in are all examples of "pieces" and thus this metaphor can help defuse the client from such reactions. The concept of "board level" can be used frequently to connote a stance in which the client is looking at psychological content, rather than looking from psychological content. The point is that thoughts, feelings, sensations, emotions, memories and so on are pieces: they are not you. This is immediately experientially available, but the fusion with psychological content can overwhelm this awareness. Metaphors such as the chessboard metaphor help make the issue concrete.

**Observer Exercise**

Before this exercise the client should be told to not converse with the therapist during the exercise. The client should give the most brief answer possible to any questions and save conversation until the exercise is finished. We need to provide the client with an experience of themselves as context rather than as themselves as content. The Observer Exercise (a variant of the "self-identification exercise" developed by Assagioli, 1971, pp. 211-217) is designed to begin to establish a sense of self that exists in the present and provides a context for cognitive defusion.

We are going to do an exercise now that is a way to begin to try to experience that place where you are not your programming. There is no way anyone can fail at the exercise; we're just going to be looking at whatever you are feeling or thinking so whatever comes up is just right. Close your eyes, get settled into your chair and follow my voice. If you find yourself wandering, just gently come back to the sound of my voice. For a moment now, turn your attention to yourself in this room. Picture the room. Picture yourself in this room and exactly where you are. Now begin to go inside your skin, and get in touch with your body. Notice how you are sitting in the chair. See if you can notice exactly the shape that is made by the parts of your skin that touch the chair. Notice any bodily sensations that are there. As you see each one, just sort of acknowledge that feeling and allow your conscious to move on. [pause] Now notice any emotions you are having and if you have any just acknowledge them [pause]. Now get in touch with your thoughts and just quietly watch them for a few moments [pause]. Now I want you to notice that as you noticed these things a part of you noticed them. You noticed those sensations ... those emotions ... those thoughts. and that part of you we will call the "observer you." There is a person in here, behind those eyes, that is aware of what I am saying right now. And it is the same person you've been your whole life. In some deep sense this observer you is the you that you call you.

I want you to remember something that happened last summer. Raise your finger when you have an image in mind. Good. Now just look around. Remember all the things that were happening then. Remember the sights ... The sounds ... Your feelings ... and as you do that see if you can notice that you were there then noticing what you were noticing. See if you can catch the person behind your eyes who saw, and heard, and felt. You were there then, and you are here now. I'm not asking you to believe this. I'm not making a logical point. I am just asking you to note the experience of being aware and check and see if it isn't so that in some deep sense the you that is here now was there then. The person aware of what you are aware of is here now and was there then. See if you can notice the essential continuity--in some deep sense, at the level of experience, not of belief, you have been you your whole life.

I want you to remember something that happened when you were a teenager. Raise your finger when you have an image in mind. Good. Now just look around. Remember all the things that were happening then. Remember the sights ... The sounds ... Your feelings ... Take your time. And when you are clear about what was there see if you just for a second catch that there was a person behind your eyes then who saw, and heard, and felt all of this. You were there then, too, and see if it isn't true, as an experienced fact, not a belief, that there is an essential continuity between the person aware of what you are aware of now and the person who was aware of what you were aware of as a teenager in that specific situation. You have been you your whole life.

Finally, remember something that happened when you were a fairly young child, say around age six or seven. Raise your finger when you have an image in mind. Good. Now just look around again. See what was happening. See the sights ... hear the sounds ... feel your feelings ... and then catch the fact that you were there seeing, hearing, and feeling. Notice that you were there behind your eyes. You were there then, and you are here now. Check and see if in some deep sense the "you" that is here now was there then. The person aware of what you are aware of is here now and was there then.

You have been you your whole life. Everywhere you've been, you've been there noticing. This is what I mean by the "observer you." And from that perspective or point of view I want you to look at some areas of living. Let's start with your body. Notice how your body is constantly changing. Sometimes it is sick and sometimes it is well. It may be rested or tired. It may be strong or weak. You were once a tiny baby, but your body grew. You may have even have had parts of your body removed, like in an operation. Your cells have died and literally almost every cell in your body was not there as a teenager, or even last summer. Your bodily sensations come and go. Even as we have spoken they have changed. So if all this is changing and yet the you that you call you has been there your whole life that must mean that while you have a body, as a matter of experience and not of belief, you do not experience yourself to be just your body. So just notice your body now for a few moments, and as you do this, every so often notice you are the one noticing. [give the client time to do this]

Now let's go to another area: your roles. Notice how many roles you have or have had. Sometimes you’re in the role of a [fit these to client, e.g., "mother... or a friend... or a daughter... or a wife... sometimes you’re a respected worker... other times you’re a leader... or a follower"... etc.]. In the outside world, you’re in some role all the time. If you were to try not to be, then you’d be playing the role of not playing a role. Even now, part of you is playing a role... the client role. Yet all the while notice that you are also present. The part of you that is "you"... is watching and aware of what you are aware of. And in some deep sense that "you" does not change. So if your roles are constantly changing, and yet the you that you are has been there your whole life, it must be that while you have roles, you do not experience yourself to be your roles. Do not believe this. This is not a matter of belief. Just look and notice the distinction between what you are looking at, and the you that is looking.

Now let's go to another area: emotions. Notice how your emotions are constantly changing. Sometimes you feel love and sometimes hatred, calm and then tense, joy-sorrowful, happy-sad. Even now you may be experiencing emotions. . .interest, boredom, relaxation. Think of things you have liked, and don't like any longer; of fears that you once had that now are resolved. The only thing you can count on with emotions is that they will change. Though a wave of emotion comes, it will pass in time. And yet while these emotions come and go, notice that in some deep sense that "you" does not change. That must be that while you have emotions, you do not experience yourself to be just your emotions. Allow yourself to realize this as an experienced event, not as a belief. In some very important and deep way you experience yourself as a constant. You are you through it all. So just notice your emotions for a moment and as you do notice also that you are noticing them [Leave a brief period of silence].

Now let's turn to a very difficult area. Your own thoughts. Thoughts are difficult because they tend to hook us and pull us up to piece level. If that happens, just come back to the sound of my voice. Notice how your thoughts are constantly changing. You used to be ignorant--then you went to school and learned new thoughts. You have gained new ideas, and new knowledge. Sometimes you think about things one way and sometimes another. Sometimes your thoughts may make little sense. Sometimes they seem to come up automatically, from out of nowhere. They are constantly changing. Look at your thoughts even since you came in today and notice how many different thoughts you have had. And yet in some deep way the you that knows what you think is not changing. So that must mean that while you have thoughts, you do not experience yourself to be just your thoughts. Do not believe this. Just notice it. And notice even as you realize this, that your stream of thoughts will continue. And you may get caught up with them. And yet in the instant that you realize that, you also realize that a part of you is standing back, watching it all. So now watch your thoughts for a few moments, and as you do, notice also that you are noticing them [Leave a brief period of silence].

So as a matter of experience and not of belief you are not just your body... your roles ... your emotions ... your thoughts. These things are the content of your life, while you are the arena...the context...the space in which they unfold. As you see that, notice that the things you've been struggling with, and trying to change are not you anyway. No matter how this war goes, you will be there, unchanged. See if you can take advantage of this connection to let go just a little bit, secure in the knowledge that you have been you through it all, and that you need not have such an investment in all this psychological content as a measure of your life. Just notice the experiences in all the domains that show up and as you do notice that you are still here, being aware of what you are aware of [Leave a brief period of silence].

Now again picture yourself in this room. And now picture the room. Picture [describe the room]. Take a few more deep breaths. And when you are ready to come back into the room, open your eyes.

After this exercise, process the client’s experience with the exercise. Be careful to avoid analysis of the experience, but focus on the experience itself. It is useful to see if there were any particular qualities of the experience of connecting with the "you". It is not unusual for clients to report a sense of tranquility or peace. Life experiences invoked in this exercise, many of which are threatening and anxiety promoting, can be received peacefully and tranquilly (i.e. accepted with a willingness posture) when they are viewed as bits and pieces of self-content, not as defining the self per se. It is usually worth leaving the client with the active implications of this experience. The therapist can link the client back to experiences with the chessboard metaphor: For example, "there is one other thing which the board, as a board can do, other than hold the pieces. It can take a direction, regardless of what the pieces are doing at the time. It can see what is there, feel what is there, and still say, 'Here we go'!

**Homework:** The client can be assigned this exercise as homework. The client should find a place in his or her home where s/he will not be interrupted, get centered, and observe what occurs. Continue to set increasingly difficult behavioral commitments and invite the client to incorporate the aspects of the session into decision making in his/her life.

**Session 5:**

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| Defusion | Undermine cognitive fusion using the *Passengers on the Bus* metaphor |

**Recommended Readings:** Chapter 9 (Hayes, Strosahl, & Wilson, 2011)

**Review of Homework:** Review the client’s practice with the observer exercise and success and/or barriers to behavioral commitments. Allow time to discuss any reactions to treatment and home practice.

This session focuses on the process of defusion, the acts of reducing the literal meaning of internal experiences and realization that internal experiences do not need to guide behaviors. There are several ways to reach this point with a client. Some examples are shown below:

**Passengers on the Bus Metaphor**

The Passengers on the Bus metaphor is a core ACT intervention aimed at deliteralizing provocative psychological content through objectification. This can be particularly effective because it assists clients in looking at internal experiences in a way that is less threatening and easier and more rewarding to accept. This metaphor can also be adjusted to fit the client. An example of an adjustment would be to use the fork in the road metaphor used earlier in session. The “bus” could be a backpack the client carries with some objects that represent internal experiences inside the backpack. The client can walk, bike, drive, etc. down the chosen road.

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 it just doesn't turn out very successfully.

Eventually you go back to placating the passengers, to try to get them to sit way in the back again where you can't see them. The problem with that deal is that, in exchange, you do what they ask in exchange for getting them out of your life. Pretty soon, they don't even have to tell you, "Turn left"--you know as soon as you get near a left-turn that the passengers are going to crawl all over you. Eventually you may get good enough that you can almost pretend that they're not on the bus at all, you just tell yourself that left is the only direction you want to turn. However, when they eventually do show up, it's with the added power of the deals that you've made with them in the past.

Now the trick about the whole thing is this: The power that the passengers have over you is 100% 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 deliteralization work. Questions such as, "Which passenger is threatening you now?" can help re-orient the client who is practicing emotional avoidance in session.

**Reformulating Language Conventions**

There a specific language conventions that seem to maintain the power that the internal experiences have over clients. Tell the client that if s/he is willing to experiment with a couple of little verbal conventions, we are going to try some new things to undermine the tendency for words to pull us into a struggle. Say:

There are things built into our language that help pull us up into the war zone, things that lead us to take our thoughts to literally be what they say they are. So in here, for a while, maybe we can adopt a couple of verbal conventions just to call our attention to what we’re saying and what we really mean when we say these things. The conventions I’m going to propose may be a little awkward, but they’re not something that we’ll need to adopt forever. The first convention is this: Name the type of language being used by saying, “I’m having the (thought/feeling/evaluation/bodily sensation) that...” If you name the process, it’s easier to see what it really is, rather than what it just says it is.

The key components of the reformulation are:

1. "I" statements. The particular behavioral events must be phrased in the first person.

2. A clear label of the behavioral process. The main ones in most clinical work are thoughts, feelings, evaluations, bodily sensations, and memories.

3. Doing or having, not being. There is a subtlety in here that we do not deliberately teach to clients, but that nevertheless is usually learned. Respondent behavior is usefully viewed as something you have. Operant behavior is usefully viewed as an action you chose. In both cases, however, these actions or reactions are not who you are. Thus, the construction "I am angry" is almost always harmful. It places an emotion as a quality of being. "I feel angry" or "I have a feeling of anger" are much safer because they distinguish between the person and the event.

Typical client verbalization: "This whole relationship stinks. It's sad really. There is just no way to pull it back together."

Reformulated client verbalization: "I'm having the evaluation that this relationship stinks. I have sad feelings associated with that thought, and then I have the thought that there is no way to pull it back together."

Typical client verbalization: "No one could live like I do. I am too anxious. It is miserable."

Reformulated client verbalization: "I'm having the thought that no one could live like I do. I have feelings of anxiety and I have the thought that they are too much. I evaluate it as miserable."

The artificiality of these verbal constructions is a problem initially. If the therapist is persistent, however, most clients can -- within just a half an hour or so -- get the hang of it. Typically, there is no need to be watchful about the conventions after a short while. Just an hour or two of consistent application will get them firmly established and available for use as needed. Then they can be called upon whenever the client is getting all tangled up in the content of private events. The conventions help create enough distance between the person and their own reactions so that these reactions can be seen as reactions, rather than the world being seen through these reactions.

The second convention has to do with our use of the words ‘but’ and ‘and.’ What ‘but’ literally means is that what follows the word, ‘but’, contradicts what went before the word. It’s literally a rebuttal. So, ‘this, but that’ means that there are two things that are inconsistent, that are literally at war with each other. However, what really is the case is that you’ve got both of them, ‘this, *and* that.’ So the little convention we might adopt is to say ‘and’ instead of ‘but’ when we talk. If you try it, you’ll see that almost always ‘and’ is more true to your experience. For example, if I want to go to work and yet I feel resistant, instead of ‘I want to go, but I feel so resistant,’ try ‘I want to go and I feel so resistant.’ Both things are true, the wanting to go to work, and the feeling of resistance. By calling attention to what we’re saying with the use of this little convention, it will help make you more sensitive to one of the ways that people get pulled into the piece-level struggle with their own history.

**Homework:** Continue setting behavioral commitments and ask the client to use skills and concepts learned in the session (dependent upon the work done in session). Remember to be increasing the difficulty of the commitments based on the client’s progress.

**Session 6:**

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| Committed Action | Increased behavioral commitments to engage in valued living based on recent values work |

**Recommended Readings:** Chapter 12 (Hayes, Strosahl, & Wilson, 2011)

**Review of Homework:** Allow time to check on the success and barriers to the behavioral commitments from the previous session. Be sure to inquire enough to determine the client’s progress on each process that has been reviewed.

This session focuses entirely on increasing actions that are deliberately linked to values. The following exercises will assist the client in engaging in valued activities over slipping back into an avoidance strategy.

**Unwanted Party Guest**

Imagine that you got a new house and you invited all the neighbors over to a party, a housewarming. Everyone's invited in the whole neighborhood--you even put up a sign at the supermarket. So all the neighbors show up, the party's going great, and here comes neighbor Joe, who lives behind the supermarket in the trash dumpster. He's stinky and smelly and you think, “Ugh, why did he show up?” However, you did say on the sign, “*Everyone's* welcome.” Can you see that it's possible for you to welcome him, and really, fully, do that without liking that he's there? You can welcome him even though you don't think well of him. You don't have to like him. You don't have to like the way he smells, or his life style, or his clothing. You may be embarrassed about the way he's dipping into the punch or the finger sandwiches. Your opinion of him, your evaluation of him is absolutely distinct from you willingness to have him as a guest in your home. Now you can decide that even though you said everyone was welcome, in reality he's not welcome. As soon as you do that, 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, okay, 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 be constantly making him do that, and your whole party will be about that. Meanwhile, life's going on, the party's going on, and you're off guarding neighbor Joe. It's just not life-enhancing. It's not much like a party. It's a lot of work. What the metaphor is about, of course, is all the feelings and memories and thoughts that show up that you don't like; they're just more unwanted guests at the door. The issue is the posture you take with regards to your own stuff. Are they 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?

The fantasy is that withholding willingness will promote peace of mind. The reality is the opposite. In fact, most clients have noticed that when we try hard to stop one reaction from joining the party, other undesirable reactions follow along right behind.

**Moving Through a Swamp**

At this point in therapy, it is useful to explain to the client that the need for willingness emerges in the context of commitment. Without a goal and a commitment to values and goals, there is no need for willingness.

It is as if there is a swamp in front of you. Willingness is what happens when you are willing to go into that swamp. But notice also that there is a purpose to it. It is not that we need to wallow in swamps. It is that when we are going somewhere, sometimes there is a swamp there, and we have the choice either to change directions or to open up. It is as if you could cast a string across the swamp to reach a particular point on the other side. Then, when you are up to your stomach in goop, you can always refer back to the string and see if you are headed in the direction you set for yourself. Only you can cast that string, and without it willingness loses its direction.

**Homework:** Set behavioral commitments for the week. After this session, the client will likely have a renewed sense (if it was low) of meaning to do the homework. This is a good time to increase the difficulty of commitments, especially because only 2 sessions remain to practice any processes that are lacking. Help the client see this without judgment or being pushy.

**Session 7 & 8:**

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| Review | Review any processes that still need attention |
| Discuss future behavior and addressing relapse |

**Recommended Readings:** Review Chapter 4 (Hayes, Strosahl, & Wilson, 2011) and use of the tools in it

These final two sessions are difficult to describe in a manual. The purpose of these sessions is to address any processes where the client still needs training/practice. The skills used throughout all of the sessions and assessment skills used at the beginning of treatment and at the beginning of each session will be the content for these sessions. Each session will begin with assessment (using tools described in Chapter 4 or a mental check list) to determine where the client is at on each process. After determining the areas that need the most work. Additional exercises, metaphors, and in session practice (e.g., holding a cigarette in hand to bring up urges) can be done. What is chosen is determined by the client’s progress. Homework for session 7 will continue the pattern used throughout treatment (setting new goals and working on the specific process of interest).

**Future Behavior and Relapse**

The end of session 8 is devoted to discussing any future barriers to success. Within this discussion, let the client know that it is expected that s/he will fall back into old ways and begin to use the control agenda again. Based on the specific concerns of the client, you can recommend continued behavior tracking, daily mindfulness practice, weekly values clarification, and checking on the consistency of values-driven behaviors. Help the client find ways to catch when s/he begins to fall into old patterns and help him/her get back to where s/he wants to be instead of relapsing completely. You can make recommendations for self-help books such as *Get Out of Your Mind and Into Your Life*. This can be used as a reference to refresh the client on therapy practices.

### Behavior Tracking Form

