Acceptance and Commitment Therapy

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Imagine you and your dog both have a traumatic experience in the soup aisle of Safeway.

Perhaps you both get bitten by a snake!
Your dog might now fear and avoid places and objects that are physically similar to Safeway, snakes, and soup aisles.
But only you might also fear and avoid things that are like Safeway, snakes, and soup in a way that your dog could never understand

- The word “snake” written in a book
- Someone talking about “Snakes on a Plane”
- A Campbell’s soup commercial
- Making your grocery list
- Talking about the experience
- Reading about anxiety disorders or PTSD
- Hearing someone else talk about something painful
- Your elevated heart rate
And you might try to escape, control, or minimize these painful reminders in away that makes your life more narrow and less vital
But your dog would not
Acceptance and Commitment Therapy (ACT) draws on this understanding of how the mind influences experience.
MINDFULNESS & ACCEPTANCE IN SOCIAL WORK

Evidence-Based Interventions & Emerging Applications

Edited by MATTHEW S. BOONE, LCSW
How I came to ACT
pain

a sensation in my hands
pain + other stuff

Worrying

Why is this happening?

Will this ever go away?

ruminating

a sensation in my hands

What will my future look like?

Self-criticism

I have to figure out why!
Acceptance and Commitment Therapy (ACT)

- Therapy developed by Steven Hayes (University of Nevada, Reno) and colleagues
- Pronounced “act,” said as one word
- From the behavioral side of the cognitive behavioral family of therapies
- Rapidly growing and impressively deep and broad evidence-base
- Grounded in a theory of language called Relational Frame Theory (RFT)
- Unlike most other cognitive behavioral therapies, ACT makes no efforts to change negative thoughts and painful emotions
metaphors
experiential exercises
mindfulness
values clarification
traditional behavior therapy
ACT starts with the assumption that suffering is universal and unavoidable
The Ubiquity of Human Suffering

• Approximately 1 in 3 people qualify for a psychiatric diagnosis each year

• Antidepressants are most prescribed drugs in US for adults 20-59

Kessler et al., 1994; Gu Q., Dillon C.F., & Burt V.L., 2010; adapted from Wilson 2009
The Ubiquity of Human Suffering

- our culture tells us a good life is a pain-free life
- the perfect state of being is happiness
- you can control unhappy feelings, and if you don't, then you haven't tried hard enough, taken the right medication, exercised enough, made enough money, etc., etc., etc., etc., etc.
But how well does trying to directly influence thoughts and feelings really work?
Don’t Think of a White Bear

Positive Self Statements: Power for Some, Peril for Others

• 2 groups: high self-esteem, low self-esteem
• Half in each group made positive self statements
• Those with high self-esteem felt a little better
• Those with low self-esteem felt worse

"Repeating positive self statements may benefit certain people, but backfire for the very people who 'need' them most."

The CO2 Challenge

(or, How did they find these subjects, and does the IRB know?)
The CO2 challenge

• Three groups of panic patients were asked to inhale CO2 and then cope in the following ways:
  – suppression
  – acceptance
  – neutral

Leavitt et al., 2004
Acceptance Instructions

• "Being willing to experience your thoughts and feelings, good and bad, can free you up to focus on what really matters in your life. If you are willing to feel happy, sad, anxious, unsure, joyful and any other emotions that come up for you, you can choose the activities that you want to participate in, so that you ultimately choose your directions in life, instead of letting your fear of anxious thoughts and feelings make those choices for you."

Leavitt et al., 2004
Suppression Instructions

"When you are feeling anxious, but you know you have to do something, you can push the feelings away in order to accomplish the task. That's what I'm going to encourage you to do today. Try not to feel anxious, try not to think anxious thoughts, try to just get through the task with as little anxiety and discomfort as possible."
Outcomes

• The acceptance group:
  – same self-report panic symptoms and physiological measures
  – less subjective anxiety
  – more willingness to continue
Is challenging negative thoughts necessary in the treatment of depression?

BA
• Behavior activation: engaging in tasks which facilitate a sense of pleasure and/or mastery on a schedule

AT
• BA + challenging automatic thoughts

CT
AT + core schema work – i.e., the full package

“Despite excellent adherence to treatment protocols by the therapists, a clear bias favoring CT, and the competent performance of CT, there was no evidence that the complete treatment produced better outcomes, at either the termination of acute treatment or the 6-month follow-up, than either component treatment.”

“Furthermore, both BA and AT treatments were just as effective as CT at altering negative thinking as well as dysfunctional attributional styles.”

Control is Normal:
An evolutionary perspective
Control is very useful – *outside* the skin

Notice how great control works in the world...
Control is problematic – *inside* the skin

Control is less reliable with thoughts, feelings, and physical sensations
So what is the alternative to control?
Psychological Flexibility
Psychological Flexibility

• The ability to be in the present moment with full awareness and openness to our experience, and to take action guided by our values

Psychological Flexibility

• Think about repertoires of responding
• Think “flexibility” versus “inflexibility” or “rigidity”
• high psychological flexibility means being able to respond in a variety of ways in the face of an aversive stimulus, whether internal or external
Psychological flexibility

- Low psychological flexibility means responding with the same narrow, inflexible range of responses no matter what the consequences.
Psychological *inflexibility* is thought to be a universal component of suffering, and there is research to support this.
Lower psychological flexibility is associated with

- History of sexual abuse
- High risk sexual behavior
- BPD symptomatology and depression
- Thought suppression
- Alexithymia
- Anxiety sensitivity
- Long term disability
- Worry
- Pain tolerance
- Health Anxiety
- More chronic pain
- Self-injury
- Increased pornography use
- Distress tolerance

- All anxiety disorders
- More depression
- More overall pathology
- Poorer work performance
- Inability to learn
- Substance abuse
- Lower quality of life
- Trichotillomania
- War related stress
- Poor weight management
- Eating disorder
- Hoarding
- Decreased functioning after returning from combat
- Maternal dysphoria
- Delusional distress

Courtesy of Mike Twohig, Utah State
RCTs with Mental Health Problems

- depression (4)
- depression early intervention (2)
- depression resulting in long-term sick leave
- adolescent depression
- depression and rumination in college students
- mixed anxiety disorders
- anxiety and/or depression (2)
- psychosis (2)
- emotional distress following psychosis
- OCD
- social anxiety disorder
- social anxiety/public speaking
- GAD
- trichotillomania
- borderline personality disorder (2)
- men with stress and mood problems
- psychological distress in Japanese international students

Association for Contextual Behavioral Science Website, February 2014
RCTs with Mental Health Problems

- worries
- test anxiety
- math anxiety
- shame in substance use disorders
- methamphetamine abuse
- inpatients with comorbid depression and alcohol use disorders
- polysubstance abusers on methadone maintenance
- methadone detox
- eating disorders in hospitalized patients
- subclinical eating pathology
- body dissatisfaction and disordered eating attitudes
- mild to moderate psychological distress
- college students with elevated distress, dysphoria, and low self-esteem
- anxiety and body dissatisfaction in obese women
- substance use disorder with incarcerated women

Association for Contextual Behavioral Science Website, February 2014
RCTs with Health Problems

- chronic pain (10)
- epilepsy (2)
- cancer (3)
- obesity stigma
- weight loss (2)
- diabetes
- smoking (4)
- increasing physical activity
- bariatric surgery patients
- tinnitus distress (2)
- chronic headache
- fibromyalgia
- weight gain prevention in young adult women
- obesity and weight loss
- craving sweets in overweight and obese women
RCTs with other concerns

- worksite stress (5)
- stress among social workers
- stigma and burnout among substance abuse counselors
- stigma toward people with psychological disorders
- clinician willingness to enlist evidence-based pharmacotherapy in substance abuse treatment
- adoption of an evidence-based psychotherapy in drug and alcohol counselors
- supporting early childhood education staff
- mental health of k-12 teachers and staff
- distress among intellectual disability staff
- increasing psychological flexibility in counselors receiving ACT training
The ACT Model of Intervention
Contact with the Present Moment

Open up to what shows up
- Acceptance
- Defusion
- Treat thoughts as just thoughts

Psychological Flexibility

Be here now
- Decide what matters
- Do what it takes
- Committed Action
- Values

You are not your thoughts and feelings

Self as Context

Adapted from Harris (2009)
Contact with the Present Moment
“be here now”
Mindfulness

Paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally

Kabat-Zinn, 1994
Contact with the Present Moment
“be here now”

• Bringing attention to bear in a focused, deliberate, yet flexible fashion

• Focused and deliberate, but not rigid
  – E.g., unlike a child playing a videogame

• Flexible, but not distracted
  – E.g., unlike a person with ADHD

Wilson & Dufrene, 2008; Harris, 2009
Inflexible Attention

• Rigid attentional focus
• Which usually leads to mentally inhabiting the past or future to the exclusion of noticing what’s going on in the present
• And limited awareness about
  – Automatic reactions
  – The influence of private experiences on overt behavior
  – Consequences of one’s actions

Wilson, 2008; Harris, 2009
Inflexible Attention

Rigidly focusing on the past or future

Lack of Clarity Regarding Values
“"I don’t know what matters to me”"

Lack of Actions Directed Toward Values
“"I do the same things over and over again, no matter the consequences”"

Attachment to the Conceptualized Self
“"I am who I am, and there’s no changing that”"

Cognitive Fusion
“"Thoughts are true and in charge”"

Experiential Avoidance
“"Pain has to be controlled or avoided”"
TRACY FLICK FOR PRESIDENT
SIGN UP FOR TOMORROW TODAY!
Experiential Avoidance

• Efforts to control or avoid private experiences (e.g., sensations, emotions, thoughts, memories, urges) when doing so is ineffective, unnecessary, or contrary to living a meaningful life

Hayes, Strosahl, & Wilson, 2012
Social anxiety

- A person avoids parties, conversations, and speaking his or her mind in order to avoid and/or control:
  - Elevated heart rate
  - Worries about performance
  - The imagined criticisms of others
Depression

• A person lies in bed instead of going to work, withdraws from friends, and ruminates in order to avoid and/or control:
  – Memories of past poor performance
  – Self-evaluations
  – Doing things that don’t bring pleasure anymore
Substance abuse

• A person drinks excessively in order to avoid and/or control:
  – Urges to drink
  – Social discomfort
  – An awareness of how narrow life has become as a result of repeated drinking
Procrastination

• A student plays videogames, hangs out with friends, and surfs Facebook instead of working in order to avoid, and/or control:
  – Worries about performance
  – Imagined failures
  – Staring at a blank page
  – Feeling stuck
Question to assess experiential avoidance:

• Imagine that you...
  – didn’t take that first drink
  – went to that party
  – didn’t purge your dinner
  – got out of bed and started working on your paper
  – did not wash your hands after touching that doorknob

...what would you have had to encounter in the realm of thoughts, feelings, physical sensations, memories, etc.?
Creative Hopelessness
Creative Hopelessness

- Helping the client contact the futility of control efforts
- Facilitating a creative space in which new possibilities can emerge
- Usually occurs near the beginning of therapy and is the first step toward acceptance and letting go of struggle

Harris (2009); Hayes, Strosahl, & Wilson (1999)
Acceptance
“open up to what shows up”
Acceptance
“open up to what shows up”

• Adopting an open and receptive posture toward private experiences, whether painful or present

• Making a choice to come into contact with private experiences, or the events that give rise to them, when doing so serves living a meaningful life

Hayes, Strosahl, & Wilson, 2012
Acceptance

- Also known as “willingness”
- Not liking
- Not resignation
- Not giving in or giving up
- Instead, it means being willing to encounter whatever life brings, whether inside you or outside you, in the interest of building a meaningful life
Rigidly focusing on the past or future

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Psychological Inflexibility

Inflexible Attention

Self as Context
Contact with the Present Moment
Defusion
Acceptance
Committed Action
Values
Cognitive Fusion
Sometimes helping professionals get stuck on particular kinds of thoughts.
Here we go
Am I really helping this person?
Do I know what I’m doing?
Will this person ever get better?
How can this person still be struggling after all the work we’ve done?
This person is so borderline
If she would just do what I tell her, she would get better
This person is always going to be unhappy
Come on, just change!
This person should see a real professional
What would my colleagues think of how I’m working with this person?
could help this person much more than I am
I’m afraid this person is going to die someday
Cognitive Fusion

• Allowing the products of the mind (e.g., thoughts, images, & meaning making) to have undue influence over our actions
• To the exclusion of direct experience
• Especially when doing so leads to rigid, ineffective patterns of behavioral responding
Thoughts that tend to “hook” us...

• rules
  – “I shouldn’t be feeling this way,” “if I can’t do it perfectly, there’s no point in trying”

• reasons
  – “I’m too tired/busy/anxious/depressed,” “I’ve always been like this,” “I’m damaged”

• judgments
  – “I’m weak,” “I’m no good at this,” “I’m lazy”
more hooks...

• the past
  – Old hurts, failures, mistakes, missed opportunities, the “good old days”

• the future
  – What you have to do later, fantasizing about a better life, worrying about catastrophic possibilities

• self
  – “I’m not that kind of person,” “I am a depressed person,” “I have a disorder,” “I tell it like it is”
Substance abuse

• Your client believes deeply in and allows his or her actions to be influenced by
  – “I’m not interesting unless I’ve been drinking”
  – “I don’t have a problem”
  – “Everyone drinks as much”
  – “I’m not hurting anyone”
Social anxiety

• Your client believes deeply in and allows his or her actions to be influenced by
  – “I’m awkward”
  – “I have nothing to say”
  – Imagined future social failures
Depression

• Your client believes deeply in and allows his or her actions to be influenced by
  – “I’m a loser”
  – “I’ll always be miserable”
  – Ruminations about past failures
  – Evaluations of the self
Panic disorder

• Your client believes deeply in and allows his or her actions to be influenced by
  – Memories of past panic attacks
  – “I’m going to have a heart attack”
  – “I’m going to embarrass myself”
  – “I can’t stand this”
Open up to what shows up

Acceptance

Defusion

Treat thoughts as just thoughts

Psychological Flexibility

Contact with the Present Moment

Be here now

Values

Decide what matters

Do what it takes

Committed Action

Self as Context

You are not your thoughts and feelings

Adapted from Harris (2009)
Defusion
“treat thoughts as just thoughts”
Defusion
“treat thoughts as just thoughts”

• Stepping back and noticing the mind as it’s working
• Treating the products of the mind (e.g., thoughts, words, images, memories, meaning-making) as what they are: the products of the mind
• Disconnecting the illusory cause and effect relationship between thinking and acting
• Allowing thoughts to have an influence on behavior only when doing so is useful
Defusion

“treat thoughts as just thoughts”

• Not about true or false
• Not about right or wrong
• Instead, noticing the mind and its influence on behavior
Defusion in practice

Let’s play with a difficult thought
insert painful thought here
I’m having the thought that...

insert painful thought here
My mind is saying…

insert painful thought here
I’m having that old, familiar thought again

insert painful thought here
Examine the utility of the thought

insert painful thought here
insert painful thought here

Written on a card which I carry in my pocket all day long
insert painful thought here

Sung to the tune of your favorite song
insert painful thought here

Notice that the thought does not change
insert painful thought here

Instead, our relationship to it changes
insert painful thought here

is just a thought
<table>
<thead>
<tr>
<th>Date and Triggering Event or Situation</th>
<th>What thoughts did you get hooked by?</th>
<th>How did these thoughts influence your behavior?</th>
<th>Did this cost you anything in terms of what you want out of life or what’s important to you?</th>
<th>If you were not hooked and these thoughts did not exert influence over your behavior, what would you have done differently?</th>
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Boone, 2014
Open up to what shows up
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Adapted from Harris (2009)
Values
“decide what matters”
Values
“decide what matters”

- Values are statements about what is important
- Values describe evolving, ongoing patterns of action which are intrinsically reinforcing
- In ACT, we encourage clients and clinicians to let values guide action – rather than fusion, experiential avoidance, and other facets of inflexibility

Hayes, Strosahl, & Wilson, 2012
Values
“decide what matters”

• Values in a nutshell: how we want to behave or act on an ongoing basis
• usually assessed in several domains (e.g., family, work, relationships, fun)

Harris, 2009
Values are about action

• Examples:
  – being loving and caring
  – giving, sharing, and contributing
  – being a good friend
  – maintaining health and fitness
  – being hard-working

• Think verbs and adjectives

Harris, 2009
Values are about action

• In contrast, goals are about what you want to get or have or complete
• If it’s not something you can do on an ongoing basis, it’s not a value
• Not values:
  – Happiness – you can’t do it
  – Being loved and respected by others – you can’t do it
  – To have a big car, big house, great job, a lot of money – you can’t do it

Harris, 2009
Values are freely chosen

• Not about what you should do, must do, or have to do...

• ...but rather what you choose for yourself.

Harris, 2009
Self as Context
Contact with the Present Moment
Defusion
Acceptance
Committed Action
Values

Rigidly focusing on the past or future

Lack of Clarity Regarding Values
“I don’t know what matters to me”

Attachment to the Conceptualized Self
“I am who I am, and there’s no changing that”

Inflexible Attention

“Pain has to be controlled or avoided”
Experiential Avoidance

“Thoughts are true and in charge”
Cognitive Fusion

Psychological Inflexibility
Self as Context
“you are not your thoughts and feelings”
(and you are not your stories about “who you are” either)

Harris (2009); Hayes, Strosahl, & Wilson (1999)
Self as Context

“you are not your thoughts and feelings”

• The self as “context” or “container” of all internal experiences
• Often referred to as the “observing self”
• A stable, continuous sense of self from which all internal experiences are observed
The “self as context” point on the Hexaflex actually represents multiple “self” processes

ACT cultivates flexibility of “selfing”
Self as...

**content**
Telling stories about ourselves to make sense of living

**process**
Noticing and describing our experiences (e.g., thoughts, the process of thinking, feelings, sensations) in the moment

**context**
Noticing ourselves noticing
You are not your thoughts and feelings

Open up to what shows up

Acceptance

Treat thoughts as just thoughts

Defusion

Contact with the Present Moment

Be here now

Decide what matters

Values

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Psychological Flexibility

Self as Context

Adapted from Harris (2009)
Self as Context
Contact with the Present Moment
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Psychological Flexibility
Be here now
Open up to what shows up
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Committed Action
Self-as-context – self as process – self as content
Adapted from Harris (2009)
Open up to what shows up

Acceptance

Treat thoughts as just thoughts

Defusion

Contact with the Present Moment

Psychological Flexibility

Values

Decide what matters

Do what it takes

Committed Action

Self as Context

moving flexibly between multiple perspectives on the self

Adapted from Harris (2009)
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self as content

• viewing the thoughts, emotions, sensations, and memories we experience as the “self”

• “The conceptualized self”: all the beliefs, thoughts, ideas, facts, images, judgments, memories and so on about “who I am”
self as content = self as “story”

• “I’m damaged goods”
• “I’ve never been good at relationships”
• “I tell it like it is: what you see is what you get”
• “I demand respect from other people. Mess with me and see what happens”
• “I’m strong“
• “I was abused when I was younger; therefore I have trouble trusting people”
• Clients will defend these stories
fill in the blank:

• I am a person who __________
• The best words to describe me are __________
• My worst qualities are__________
• My best qualities are__________
• I have never gotten over__________
• The most powerful experience of my life has been__________
self as process

• the ongoing awareness and description of thoughts, feelings, and physical sensations in the continuous present
self as process

- "I'm noticing my mind is jumping from one thing to another"
- "As he is speaking, memories of my childhood are showing up"
- "As she is talking about her pain, I notice I'm pulling away"
- describing anxiety: "tension in my shoulders, heaviness in my chest, my heart is beating loudly, and I feel a sinking sensation in my stomach"
- Notice that self as process does not involve
  - evaluations
  - "why" statements
self as context

• experiencing the self as the perspective or location from which all experiences are observed.
Talking like an ACT therapist

- encourage in the moment noticing of what's going on (cpm, sap, sac)
- focus on workability: does that behavior work for what you are going after? (pf, v)
- avoid "change talk" about thoughts and feelings (a)
- highlight the futility and cost of unworkable control strategies (a)
- don't get caught up in the content of thoughts – stay at the level of process (cpm, sap, d)
- avoid implying that thoughts cause feelings, or thoughts and feelings cause actions (d)
- speak as if the mind is a "thing" (d)
- speak as if there is a distinction between thoughts and feelings in the "I" who notices them (sac)
- highlight unworkable stories about the self (sac)
- encourage the identification of what's important (v)
- encourage new behavior guided by what's important (ca)
- encourage small commitments to new behavior (ca)
- Speak from a place of compassion and mutual respect (pf)
- Acknowledge your common humanity (pf)
- Acknowledge you are also subject to the same processes of inflexibility (pf)

a-acceptance, d-defusion, cpm-contact with the present moment, sac-self as context, sap-self as process, v-values, c-committed action, pf-psychological flexibility
How to facilitate an experiential exercise

• Connect the exercise to something you’re talking about in the session (e.g., do “tug-of-war” with the anxiety the client is discussing)
• Get informed consent (e.g., “Would you be willing to engage in an exercise in which we do something playful with that feeling?”)
• Think about what you’re going after: helping develop a different relationship with private experiences in the service of building a vital and meaningful life
• Take your time, be patient, draw it out
• Discuss afterwards:
  – Describe: What was that like? What did you notice? (not “How did that feel?”)
  – Notice: How is this different from how you usually do things?
  – Flexibility: What would be possible in your life if you took this approach/took this stance/brought this quality of responding?
  – Values: How would that serve what’s important to you?
Next Steps

• Join ACBS
• Go to ACBS conference
• Get on the “ACT for professionals” listserve
• Get an ACT book, read it and do a full case as “ACT”
• Start a book group or consultation group
• Join an online group
• Take my class
• Do individual consultation
• Teach your colleagues
• Lead a group
An Easy-to-Read Primer on Acceptance and Commitment Therapy

ACT made simple

A quick-start guide to ACT basics and beyond

- Understand & apply the six core processes of ACT
- Create your own mindfulness techniques
- Overcome resistance & motivate the unmotivated
- Learn tools for profound life change & build powerful therapeutic relationships

RUSS HARRIS, MD, author of The Happiness Trap

Foreword by STEVEN C. HAYES, PH.D