ACT I

Steven C. Hayes
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ACT I -- Purpose

- To present the psychological flexibility model
- To explore the space of ACT work
- To explore an initial set of ACT methods
- This morning: the model and a little data
- The afternoon: examples of flexibility methods and a tape
- Tomorrow: skills and practice

A Theme

How can we best do evidence-based treatment while rising to the challenge of diversity?

An Invitation

- Bring your whole self into the room. That includes your curiosity and your skepticism.
- Intend for these 2 days to make a profound difference.
- My commitment

An Intention

Exercise and Introductions

The 5 Year Old Sitting on the Gray and Pink Sofa
What is a Human Mind?
Answer Pivots on WE, not ME

Why is Being Human So Hard?
What Can Be Done About It?

People are Evolving Systems.
A Science of Change Depends on It.

Variation

Fitted to Context

Selected

Success
Failure
And Retained

My Friend Tom

Enemies of Variation: Avoidance

Enemies of Healthy Variation: Excessive Rule Following

These are Linked: Our Minds Puts Our Hearts on a Leash

My Brown Baby
ME

MINDS TELL US WHO WE ARE

And Provide the Agenda

My Beautiful Daughter, Camille

Feel Good or Else

Contingency Learning Drives Development. It is Half a Billion Years Old

It is the Conflict Between that and Something that Happened Far More Recently
Object → sign

“Where's the Apple?”
This is Derived
Yields sign → object

Human Infants Do This Readily

Learn Object-Name, Test Name-Object
Age: 17 months

Percent Correct

Not Yet Shown in Non-Humans

“Language Trained” Chimpanzees

Derived Relations Build Out into Networks

1. Mutual Relations
2. In Networks
3. With Changed Functions

• Without That, Normal Language Does Not Occur

Devany, Hayes, & Nelson (1986)
This is the Core of Symbolic Thought, but How Did it Evolve?

My Argument: Cooperation Came First

Joint Attention and Social Referencing

Understanding of Intentionality

We Are Physically Attuned to Intentionality

Rewarding Cooperation
Let Me Show You

Symbolic Thought Began as a Form of Social Cooperation and only Then Was Internalized And Made Efficient Genetically

This Simple Perspective Taking Extended to all Cognitive Relations

- Learn
  
- Derive

New Functions: If Reinforcer

But it Ultimately Extended Even to Perspective Taking Itself

Perspective Taking Skills

Contextual Self

The Fromness of Consciousness

The From

Steven C. Hayes
Consciousness is *Social*, Extending Across Time, Place, and Person

Why We Need this Now

A Horrifying Recent Experiment

- 63 undergraduates were presented with accurate descriptions of atrocities against Jews committed at Auschwitz.
- The study was a 2 X 2 design. For one factor, the last paragraph either indicated that this terrible suffering had no implications for modern Jews or it indicated that even today Jews suffer as a result of what happened in the holocaust.


The Design

Then half of each of these two groups of participants were assigned to wear a “lie detector” that supposedly could tell if their reports were believed by them to be true; the other half did not wear the “lie detector”. So this is the design:

<table>
<thead>
<tr>
<th>Others’ Suffering Ended</th>
<th>Others’ Suffering Persists</th>
</tr>
</thead>
<tbody>
<tr>
<td>You know if I lie</td>
<td>You don’t know if I lie</td>
</tr>
</tbody>
</table>

The Metric is Pre to Post Change in Prejudice/Objectification of Jews

Finding Compassion, Peace of Mind and Purpose

Standardized Residual Change Scores

Imhoff and Banse, 2009

The Three Elements of Flexible Connectedness

1. Perspective Taking
2. Empathy
3. Psychological openness

Caring About Being With Others

Perspective Taking  Empathy  Psychological Openness

Accounts for 26% of Social Anhedonia

Prejudice Toward Others

Perspective Taking  Empathy  Psychological Openness

Accounts for ~40% of Poly-Prejudice

Three Senses of Self:
As Conceptualized;
As a Process of Knowing;
As the Fromness of Awareness

What Research Tells Us

- Perspective taking is central to social and psychological functioning
- Crucial to empathy and compassion (large effect sizes, $r \approx .5$)
- Needed for self-acceptance and self-compassion (moderate to large effect sizes, $r \approx .45$)
- Together these three processes form a psychosocial system of functional connectedness

What is a Human Mind?

A collection of biological and cultural capacities that allow us to know and to learn through direct experience and symbolic derivation
Why is it So Hard?

We can experience pain anytime, anywhere.

Our judgmental abilities overwhelm us and create the illusion of aloneness.

Through human cognition we can bring aversive events into any setting.

Derived Relations Look Like Trained Ones

We Are Feeding Something

Depression (1990-2020): 4, 3, 2, 1

1980 – 2010 adult stress

1930 – 2010 MMPI

Chronic pain

LOOK AT WHAT WE SELL
The Illusion of Aloneness

I'm ___

The Illusion of Aloneness

What Can We Do About It?
Learn to Put the Mind on a Leash

Promoting Emotional Variation

And Cognitive Flexibility

Open

ACT Model of Treatment
Essential Components of ACT

Defusion
Acceptance
Essential Components of ACT
To Fit Variation to Context We Need Flexible Attention to the Moment Inside and Out

Picking the Selection Criterion

And Retaining Effective Action by Practice

Actively Engaged

What Can We Do About it?

From the WE of Awareness we Can Learn to Open Up, to Be Here, and to Care and Live on Purpose as Part of the Community.
Perspective Taking Helps Us

Come into the Now, and
Let Go
Engage Life

Correlational and Longitudinal

- Psychological flexibility predicts most forms of psychopathology and quality of life in children, adults, and the elderly
- Mediates the effects of many is not most key targeted processes in evidence based treatment: e.g., anxiety sensitivity, cognitive reappraisal and so on

Example

Spinboven, Drost, de Rooij, van Hemert & Penninx, 2014, BT

- 2,316 adults assessed with diagnostic interviews and a psychological flexibility measure over a four year period
- Flexibility predicted anxiety and depressive disorders two years later, beyond baseline values of these disorders.
- Flexibility mediated over 4 years the growth and clustering of disorders

Controlled Studies on an Amazing Range of Areas

work stress, pain, smoking, anxiety, depression, diabetes management, substance use, stigma toward substance users in recovery, adjustment to cancer, epilepsy, coping with psychosis, borderline personality disorder, trichotillomania, obsessive-compulsive disorder, marijuana dependence, skin picking, racial prejudice, prejudice toward people with mental health problems, whiplash associated disorders, generalized anxiety disorder, chronic pediatric pain, weight-maintenance and self-stigma, exercise, chess playing, tinnitus, eating disorders, clinicians’ adoption of evidence-based pharmacotherapy, and training clinicians in psychotherapy methods other than ACT.
ACT and US Japanese Students  
*Muto, Hayes, & Jeffcoat, 2011*

- It is hard to be an international student
- Japanese students are the largest group at the University of Nevada
- But sometimes students are ashamed to seek help
- Strategy: bibliotherapy to a large portion of the student group. And will ACT work with Asian students?

Study Design

- 70 of all 138 Japanese students participated
- 35 get a Japanese translation of *Get Out of Your Mind and Into Your Life* (translation done by Drs. Muto, Harai, Yoshioka, and Okajima); 35 wait list
- 8 weeks to read it (with quizzes); 2 mo. follow up
- Wait list then also gets 8 weeks to read it

Result – General Mental Health

<table>
<thead>
<tr>
<th>Assessment Period</th>
<th>Average level of a treatment seeking clinical population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>Wait List Condition</td>
</tr>
<tr>
<td>Post</td>
<td>Workbook Condition</td>
</tr>
<tr>
<td>Two Month Follow-Up</td>
<td>Also Received Book</td>
</tr>
</tbody>
</table>

Reliable Changes for those with Some Depression (DASSD > 13)

<table>
<thead>
<tr>
<th></th>
<th>Wait List</th>
<th>Workbook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement</td>
<td>+50%</td>
<td>+25%</td>
</tr>
<tr>
<td>Improvement</td>
<td>+75%</td>
<td></td>
</tr>
<tr>
<td>Improvement</td>
<td></td>
<td>-25%</td>
</tr>
</tbody>
</table>

Coping with Psychotic Symptoms  
*Bach & Hayes, JCCP, 2002*

- Could this work even with the most horrifying forms of private events?
- 80 S’s hospitalized with hallucinations and/or delusions randomized to either ACT or TAU
- 3 hours of ACT; all but one session in-patient
- ACT intervention focused on acceptance and defusion from hallucinations / delusions

Impact on Rehospitalization

<table>
<thead>
<tr>
<th>Days After Initial Release</th>
<th>Proportion Not Hospitalized</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Treatment as Usual</td>
</tr>
<tr>
<td></td>
<td>ACT</td>
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</tbody>
</table>
Coping with Psychosis #2

Gaudiano & Herbert, BRAT, 2006

- Poor, mostly African American psychotic inpatients \((n = 42)\)
- ACT vs. Enhanced TAU, 1-5 "stand alone" sessions \((M=3 \text{ sessions total})\)
- DVs: Clinician ratings, self-report, and rehospitalization
- Replicated the effect on rehospitalization

Clinically Significant Change:

- 2 SD change in Total BPRS
- ACT vs. ETAU, \(p < .01\)
- Cohen’s \(d\) = 1.11

Experiential Avoidance and MH Stigma

Masuda et al., 2007

- RCT comparing education focused on prevalence and costs of stigma toward mental health problems, and accurate information about them
- ACT focused on defusion from and mindfulness of prejudicial thoughts, acceptance of difficult prejudicial feelings, and values
ACT for Mental Health Stigma

ACT for Shame

Loe et al., JCP

• 134 participants in a 28 day in-patient drug program
• Randomly assigned in waves to receive treatment as usual or that plus a 6-hour ACT group focused particularly on self-stigma and shame
• Thus the total difference in the program is minimal – about 3-5% of the treatment hours
• 71% available at follow up

Shame Outcomes: Better for TAU

Quality of Life Outcomes: Better for TAU

ACT for Epilepsy

Lundgren, Dahl, and Melin, 2006

• Randomized trial with 28 poor South African epileptics, not fully regulated by medication
• ACT vs. Attention Placebo
• 9 hours of therapy across 5 weeks: two three hour groups; two 1.5 hour individual sessions
Outcome:
Total Sec Seizure Duration / Month

**Average Total Seizure Time / Month**

<table>
<thead>
<tr>
<th>ACT</th>
<th>Attention Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>100</td>
<td>100</td>
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<td>150</td>
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<td>450</td>
<td>450</td>
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<td>500</td>
<td>500</td>
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Cohen’s d at 1 yr =

Outcomes: Overall Quality of Life

**WHOQOL Total**

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>6 mo</th>
<th>1 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>56</td>
<td>60</td>
<td>64</td>
</tr>
</tbody>
</table>

Cohen’s d at 1 yr = 1.79

Group ACT for Shame

- But now let’s look at what happens through the rest of follow up

Substance Use Outcomes

<table>
<thead>
<tr>
<th>1 Month</th>
<th>2 Month</th>
<th>3 Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TAU

ACT

$d = 1.21$

Shame Outcomes

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>3 Mo F-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>105</td>
<td>100</td>
</tr>
<tr>
<td>95</td>
<td>90</td>
<td>85</td>
</tr>
</tbody>
</table>

ACT

TAU

$r$ with use at follow up = $-.51 (p < .01)$

$r$ with use at follow up = $ns$
Quality of Life Outcomes

<table>
<thead>
<tr>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
</tr>
<tr>
<td>78</td>
</tr>
<tr>
<td>76</td>
</tr>
<tr>
<td>74</td>
</tr>
<tr>
<td>72</td>
</tr>
<tr>
<td>70</td>
</tr>
</tbody>
</table>

Pre | Post | 3 Mo F-Up |
--- | --- | --- |
TAU | ACT |  

Reaching the Need: ACT / PROSOCIAL in Sierra Leone
- 6 million people in Sierra Leone: 1 psychologist; 1 retired psychiatrist
- 2010 Beate Ebert starts a program in Freetown
- ABCS brought 5 health workers to World Con (2010, 2012)
- ACT trainers flew into Sierra Leone (2011-present)
- Work with indigenous workers, in a “train the trainers” model

Desperate Level of Need
- Poverty
- Gender-based violence
- No access to water
- Teenage momo
- Exploitation
- War victims

In 2014 a New Clinic in Bo

New Clinic in Bo

NOW Here Comes Ebola and the Clinic Director is Named the Bo Ebola Response Director
- The country is isolated; the aid workers leave;
- Thousands die
- Hannah is named director for Ebola prevention in her district by the Ministry of Health and Sanitation
- Her approach: involve the people directly in ACT / PROSOCIAL based workshops
Example of Solutions

- Example of their solutions:
  - You must kiss the body of the dead before burial.
  - What to do?
  - Kiss and bury a banana trunk
  - Bo infection increase slows

An ACT Model of Psychopathology

- Rigid Attention Toward Past and Future
- Unclear values
- Inaction or Avoidant Persistence
- Conceptualized Self (Ego)
- Psychological Rigidity
- Cognitive Fusion
- Experiential Avoidance
Experiential Avoidance Conceptualized Self (Ego)

DEFUSION: Observe your mind at work, instead of arguing or buying into what it says

Psychological Rigidity
Inaction or Avoidant Persistence
Unclear values
Conceptualized Self (Ego)

EXPERIENTIAL AVOIDANCE: Failing to feel our own emotions as they are

Inaction or Avoidant Persistence
Unsure values
Conceptualized Self (Ego)

ACCEPTANCE

Feeling emotions and sensations with open curiosity and without needless defense

Psychological Rigidity
Inaction or Avoidant Persistence
Unclear values
Conceptualized Self (Ego)

Lack of flexible attention to the present moment

Acceptance
Defusion
Psychological Rigidity
Inaction or Avoidant Persistence
Conceptualized Self (Ego)

Flexible Attention to Now

Acceptance
Defusion
Psychological Rigidity
Inaction or Avoidant Persistence
Conceptualized Self (Ego)

ATTACHMENT TO THE CONCEPTUALIZED SELF:
Buying stories of who we are and who others are
Defusion

SELF AS CONTEXT:
Perspective Taking

Psychological Rigidity

Acceptance
Defusion

Inaction or Avoidant Persistence

Values

Meaning and purpose through choice

Inaction or Avoidant Persistence

Psychological Rigidity

Acceptance
Defusion

Now

Self

We lose contact with what we really want to be about in our lives

Self

Psychological Rigidity

values

Acceptance
Defusion

Now

Self

Inaction or Avoidant Persistence

Meaning and purpose through choice

And we settle into inaction, impulsivity, or avoidant persistence

Now

Self

Values

Instead of moving toward what you most deeply want

The ACT goal is to change a rigid, inflexible approach to ourselves and others into

Now

Self

Values

Committed Action
Psychological Flexibility

... is contacting the present moment more fully as a conscious human being, as it is, not as what it says it is, and based on what the situation affords, changing or persisting in behavior in the service of chosen values.

Acceptance and Commitment Therapy

- Said as one word, not letters please
- A psychotherapy based on a relational framing approach to human language and cognition that uses acceptance and mindfulness processes, and commitment and behavior change processes, to create psychological flexibility
The ACT Question

- Given a distinction between you and the things you are struggling with and trying to change, are you willing to experience those things, fully and without defense, as it is and not as it says it is, and do what takes you in the direction of your chosen values in this time and situation?
Pivoting: Acceptance

- Emotional Control
  - Avoidance of pain
  - Predictability of pain

- Sensitivity and Caring
  - Awareness of emotion
  - Ability to persist
  - Self-kindness
  - Compassion toward others

Acceptance

Pivoting: Flexible Now

- Mindless Problem-Solving Mode
  - Figuring it out
  - Problem solving

- Vitality and Flexibility
  - Increased attention
  - Flexibility of attention
  - Vitality
  - Connection

The Now

Pivoting: Perspective

- Self-Story
  - Social approval
  - Predictability

- Spiritual Connection
  - Vitality
  - Being
  - Connection
  - Compassion

Self as context

Pivoting: Values

- Goals
  - Social approval
  - Self soothing

- Meaning and Purpose
  - Vitality
  - Connection
  - Love
  - Contribution
  - Caring

Values

Defusion of Thoughts

I used to think that my mind was my most wonderful organ.
Then I realized which organ was telling me this.

-Emo Phillips (tweaked)

Defusion is...

- Looking *at* thoughts, rather than *from* thoughts
- Noticing thoughts, rather than being caught up and guying into them
- Undermining thoughts and reasons as causes of our behavior
Fusion must be Made Visible

- Because it is everywhere, all-the-time, applied to everything, and unstoppable -- we don’t notice it.
  - Time and evaluation
  - Old / familiar / lifeless
  - You disappear into it
  - Comparative and evaluative
  - Somewhere else / Some other time
  - Right and wrong; conflicted
  - Busy, confusing, clarifying

DEFUSION PRINCIPLES

Notice automaticity and ease of programming
- Mary had a little lamb
- What are the numbers?

DEFUSION PRINCIPLES

Structure seeing the process with overall metaphors
- Bubbles on the head
- Passengers on the bus

DEFUSION PRINCIPLES

Notice the paradoxical nature of trying to control thoughts
- Don’t think ____
- A trash can full of stuff
DEFUSION PRINCIPLES

Notice the limitations of language
- Tell me how to walk
- Think the opposite -- Engage in behavior while trying to command the opposite

DEFUSION PRINCIPLES

Look at thinking
- Give the mind a name
- There are four of us in here
- Physicalizing -- Label the physical dimensions of thoughts
- How old is that?
- Is that rather like you?

DEFUSION PRINCIPLES

Change the literal context
- Milk, milk, milk
- Sing, say rapidly, say slowly
- Pop up ads
- Bad news radio
- Songify

DEFUSION PRINCIPLES

Reduce the hooks for struggle
- But
- I’m having the _____ that
- Thank your mind for that thought

DEFUSION PRINCIPLES

Create contexts that will teach the discrimination between fusing and defusing
- Leaves on a stream
- Tags
- Take your mind for a walk
Day Two

Topics

• Space and content work:
  – Values and defusion
  – Perspective taking sense of self
  – Willingness and acceptance
• Creative hopelessness and forming an agreement
• Case conceptualization
• Getting permission to focus on domains
• Practice in deploying methods

Values

“For success, like happiness, cannot be pursued; it must ensue...as the unintended side-effect of one’s personal dedication to a cause greater than oneself.”

-Viktor E. Frankl

Values: Selection of What

✓ A chosen quality of doing and being that establishes meaning in the present
✓ Establishes the selection criteria for behavioral development
✓ Dignifies the rest of the model
  – E.g., Willingness in the service of what?

Values

• Two non-mindy ways in: sweet and sour
Values and Pain

- Traumatic deflection

The two sided coin

You can’t get rid of one without getting rid of the other.

A Letter Back From Your 80th Birthday

Choice and Values

- Why defusion / choice are necessary
- Exercise
  - Left and right
  - Coke versus 7 Up

Self-as-Context

“If you wake up at a different time, in a different place, could you wake up as a different person?”

-Chuck Palahniuk
Relevant ACT Techniques

- Seeing the system
  - Rewriting your autobiography
  - Who would be made wrong?
  - Corpus delecti
- Self-as-context exercises
  - Box full of stuff
  - Chessboard Metaphor

Fostering a Sense of Self-as-Context

- Any present moment awareness + and who’s noticing that?
- Observer exercises
- Shifting perspectives: letter from the future
- Contemplative practice
- Metaphors: sky/weather, waves/ocean, chessboard

The Present Moment

“The past and future are real illusions; they exist in the present, which is what there is and all there is.”

- Alan Watts

Contact with the Moment

- Flexible / fluid / voluntary
- Mindfulness exercises begin each session
- Practice
- In session (e.g., body work; bringing in the room; noticing the pace)
- 5 senses
- Attentional training

Acceptance of Feelings

“The best thing one can do when it’s raining is to let it rain.”

-Henry Wadsworth Longfellow

The Alternative is Acceptance

- Are you willing to have what you’ve already got?
- Not because you want or like it
- To get with the pain in order to end the suffering?
- The hidden choice….give up control of your thoughts and emotions in order to gain control of your life
Willingness + Acceptance

- Is a choice
  - Not a feeling
  - Not a belief
- Is an action
  - Doing, not trying
  - A jump, not a step
- Is always in the service of our values
  - Not resignation (writing exercise)

Committed action

“Do or do not; there is no try.”
- Yoda

Committed Action

- Linkage of specific action to larger and larger patterns of values-based action
- Use specific (SMART; specific, measurable, attainable, relevant, time framed) goals but constant recycling to the larger pattern

Acceptance of Where We Start

- Assess the problem and its history (validate)
- Assess how the client has tried to solve the problem
- Looks for DOTS: distraction, opting out, thinking it out, short term soothers
- Assess the workability of their solutions short and long term
- Validate the sanity of the effort

Acceptance of Where We Start

- Connect the DOTS
- Summarize in terms of emotional and cognitive control – distinguish it from situational or behavioral control
- Point to the paradox (if you are not willing to have it you’ve got it)
- Admit partial success of control efforts; go small if full success is claimed

Acceptance of Where We Start

- You’ve tried about everything
- Suppose your experience is valid? Suppose it won’t work
  - Man in the hole
  - Feedback screech
  - Hammer on the head
  - Rear view mirror
- Don’t believe a word I’m saying
- Upset / Struggle / Workability
**Common Questions**
- What have you done to try to solve that?
- How is that working for you? Short term? Long term?
- What is this costing you?
- Is this familiar? How old is this? Is it rather like you? Have you tried this before?
- Bottom line: is your life getting bigger or smaller?
- And what’s happening right now...have you tried that too?

**Taking a History**
- History and external barriers (situations, relationships, events) and their impact
- Identify fusion (past/future/self/rules/reasons/judgments)
- Identify avoidance (emotions, memories, images, thoughts, sensations)
- Identify unworkable action (what is the client doing that doesn’t help or makes it worse)
- Identify values & goals (important life domains, values, valued activities, values-congruent goals)
- Matrix helps

**Creating a Contract**
- History and situation
- (Natural) painful reaction
- Reaction to the reaction
- Cost (amplification; vital life)
- Two part plan

**Case Conceptualization with the Matrix**

Given a distinction between you and the things you are struggling with and trying to change, are you willing to experience those things, fully and without defense, as it is and not as it says it is, and do what takes you in the direction of your chosen values in this time and situation?
Assessment

Hypothesized Indirect Influence
Accept
Defuse
Noticing Self
Action

Treatment Planning

Anticipated Rx Influence
Accept
Defuse
Noticing Self
Action

Track Results

Accept
Defuse
Noticing Self
Action

ACT Done Naturally

- Embodiment in you and in the relationship is the most natural way to instigate and support these processes
- Read the processes
- And use concrete methods to move them (and you already have some of these)
- Recycle

General Strategy

- Get centered
- Read the processes
- R: Values → action → if barriers go left
- L: Narrowing → flexibility → go right
- When in doubt, get centered
- Best sequence is not yet known

Simplified Version: Riding the ACT Bicycle

- Center to balance
- Right to move
- Left to loosen
The Therapeutic Relationship in ACT

- Detect the flexibility processes in the client
- Levels: content, sample, relationship
- From and with the positive processes
- Instigate, model, and reinforce change

Rapid Defusion Sequence

- Instigate, Model and Reinforce it, From Toward and With it

I’M R F T With It

Learning ACT

Association for Contextual Behavioral Science (ACBS)

YOU HAVE BEEN GIVEN FREE MEMBERSHIP. THE WEBSITE CONTAINS:

- A range of tools for taking a history and case conceptualization
- Free treatment protocols and manuals for a large range of client problems
- Scripts for a wide range of mindfulness and other exercises
- Access to a vast archive of ACT papers and research articles
- Handouts to use with your clients
- Promotional materials to build your practice (free therapist list)
- Access to the ACT listserv, where you can learn about the new developments in ACT and interact with people from all over the world
- Specialty list serves, conferences, and a journal beginning this year
QUESTIONS?

• Email: hayes@unr.edu
• ACBS
  www.contextualscience.org
• Come to WC XIII in Berlin, July 2015