



PRAXIS

CONTINUING EDUCATION & TRAINING

ACT I

INTRODUCTION TO ACCEPTANCE AND COMMITMENT THERAPY

6 - 7 DECEMBER 2019

EMBASSY SUITES PHOENIX BILTMORE
PHOENIX, AZ

featuring

STEVEN C. HAYES, PHD

Spencer Smith, Director
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spencer.smith@praxiscet.com

Dear friend:

Thank you so much for joining us for this Introduction to ACT workshop here in Phoenix with Dr. Steven C. Hayes.

We've put together a schedule of trainings this year in cities across the country and have hand-picked some of the best trainers we could find. Our trainers are not only experts in their fields; they're all excellent teachers, attentive and empathetic communicators, and they really, really care about helping you help the people you serve.

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I would like to extend a personal invitation to you today: PraxisCET is your company, serving your practice community. To take care of you, we need to know what you need. I invite you to let me know how we're doing and what we can do better. You can reach me anytime by email at **spencer.smith@praxiscet.com**.

Thanks very much for your support. I hope you have a great learning experience with us.

All the very best,

A handwritten signature in black ink, appearing to read 'Spencer Smith', with a stylized, cursive-like script.

Spencer Smith

IMPORTANT INFORMATION

CHECK-IN / CHECK-OUT

- All attendee's must sign-in in the morning when you arrive and sign-out in the evening when you leave, regardless of CE status.
- Attendees **must complete the course in full** and attend all sessions in order to receive ANY continuing education credit. **No partial credit will be given.**

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In order to print your CE certificate, you must first complete a workshop evaluation. Please **give us a 3 day grace period after the event** has concluded before you attempt to complete the evaluation.

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- Click on the **"My Workshop Evaluations"** box.
- Choose the event you just completed and would like to complete the evaluation for.
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- **Attendees have 6 months following the course to complete the workshop evaluation and print your CE certificate.** If you have not done so after the 6 month mark, there is no guarantee that we will be able to provide you with a certificate.

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SCHEDULE

Friday, 6 December 2019

- 8:00 am – 8:30 am: Registration*
- 8:30 am – 10:15 am:
 - Welcoming & Orientation
 - Defining Acceptance and Commitment Therapy
 - Introducing Psychological Flexibility
 - Introducing the Hexagon Model
- 10:15 am – 10:30 am: Morning Break*
- 10:30 am – 12:30 pm:
 - Defusion and Acceptance: Noticing Your Mind and Opening up to Experience
- 12:30 pm – 2:00 pm: Lunch Break*
- 2:00 pm – 3:15 pm:
 - Self-as-Context: Inhabiting a Flexible Self
- 3:15 pm – 3:30 pm: Afternoon Break*
- 3:30 pm – 5:00 pm:
 - Values and Committed Action: Making Bold Moves
 - Debrief
 - Question and Answer

*Not available for CE

SCHEDULE

Saturday, 7 December 2019

- 8:00 am – 8:30 am: Check-in*
- 8:30 am – 10:15 am: -Question & Answer
-Committed Action
- 10:15 am – 10:30 am: Morning Break*
- 10:30 am – 12:30 pm: -Contacting the Present Moment
-Bringing It All Together
- 12:30 pm – 2:00 pm: Lunch Break*
- 2:00 pm – 3:15 pm: -ACT for Clinically Relevant Concerns:
OCD, Trauma, Depression
- 3:15 pm – 3:30 pm: Afternoon Break*
- 3:30 pm – 5:00 pm: -Methods of Doing ACT: The Mindfulness Plan
-Final Question and Answer

*Not available for CE

ACT I



Steven C. Hayes, PhD, is a Nevada Foundation Professor at the Department of Psychology at the University of Nevada. An author of more than forty books and nearly 600 scientific articles, his career has focused on an analysis of the nature of human language and cognition and the application of this to the understanding and alleviation of human suffering. Hayes has been president of Division 25 of the American Psychological Association, the American Association of Applied and Preventive Psychology, the Association for Contextual Behavioral Science, and of the Association for Behavioral and Cognitive Therapies.

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Individuals in a position to influence course content must also disclose whether they have one or more relevant financial relationships with individuals and companies who have a financial interest in activity content. All those in a position to control the content of an education activity are asked to disclose any relevant financial relationships they have with any commercial interest.

Steven C. Hayes, PhD, has disclosed a relevant financial relationship with New Harbinger Publications/Praxis and serves on the advisory board. Dr. Hayes agrees that his presentations and other contributions to program content will be completely fair and unbiased, and will mention other healing processes and productions during his presentations when appropriate. If possible, he will refer to generics rather than to brand names when mentioning products, equipment, and services, and they will be selected/included on the basis of best available evidence.

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Spencer Smith, has no relevant financial relationships or conflicts.
Courtney Kendler, has no relevant financial relationships or conflicts.
Jen Demes, has no relevant financial relationships or conflicts.
Gerald W. Piaget, PhD has no relevant financial relationships.
Joan E. Piaget, MS has no relevant financial relationships.
Paresh Patel, MD, PhD has no relevant financial relationships.
Michael Freeman, MD has no relevant financial relationships.
Barbara Binkley, LCSW has no relevant financial relationships.
Maggie Allee, RN, BSN, MBA, JD has no relevant financial relationships.

Matthew McKay, PhD, has disclosed a relevant financial relationship with New Harbinger Publications/Praxis. Dr. McKay agrees that his presentations and other contributions to program content will be completely fair and unbiased, and will mention other healing processes and productions during his presentations when appropriate. If possible, he will refer to generics rather than to brand names when mentioning products, equipment, and services, and they will be selected/included on the basis of best available evidence.

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Kirk Johnson, has disclosed a relevant financial relationship with New Harbinger Publications/Praxis and serves on the advisory board. Mr. Johnson agrees that his contributions to program content will be completely fair and unbiased.

LEARNING OBJECTIVES

- ❑ **Objective #1:** Describe how to relate ACT to its foundational underpinnings of Functional Contextualism, Relational Frame Theory, and Applied Behavior Analysis
- ❑ **Objective #2:** Describe the six core processes of psychological flexibility/inflexibility
- ❑ **Objective #3:** Demonstrate how to contact the present moment with flexible, yet focused, attention
- ❑ **Objective #4:** Demonstrate how to access the observing process of self-as-context
- ❑ **Objective #5:** Demonstrate how to cultivate compassion with the perspective-taking process of self-as-context
- ❑ **Objective #6:** Demonstrate how to facilitate defusion from sticky cognitions
- ❑ **Objective #7:** Demonstrate how to foster acceptance of painful private experiences
- ❑ **Objective #8:** Demonstrate how to construct and clarify values while differentiating from goals
- ❑ **Objective #9:** Explain how to use creative hopelessness to motivate a change in the control agenda
- ❑ **Objective #10:** Demonstrate case conceptualization and treatment planning with the ACT Matrix while probing for toward moves (committed action) and away moves (experiential avoidance)
- ❑ **Objective #11:** Explain how to formulate ACT-consistent informed consent, goal collaboration, and therapeutic stance
- ❑ **Objective #12:** Demonstrate how to model, evoke, and reinforce psychological flexibility within the therapeutic relationship
- ❑ **Objective #13:** Explain the concept of workability and how it informs the entire ACT model.

We're committed to making this the best training possible.
If you don't feel that learning objectives have been achieved, please let the speaker know.

ACT CHEAT SHEET

Welcome! What an exciting time it is to discover (or more deeply immerse yourself) in ACT! This 'cheat sheet' is intended to give you a list of commonly used terminology in Acceptance and Commitment Therapy. Keep this sheet handy for reference throughout your ACT learning experiences!

ACCEPTANCE & COMMITMENT THERAPY (ACT)

Acceptance & Commitment Therapy is abbreviated ACT and said aloud as a word 'act.' You may hear ACT referred to as a therapy or a training, for instance: Acceptance & Commitment Training in applications related to workplace/organizational practice or coaching. ACT is a model and not simply a method or set of techniques, meaning you may be able to adapt ACT to clinical traditions and orientations that are already of use to you. ACT is based on modern behavioral psychology, relational frame theory, acceptance and mindfulness processes, commitment and behavior change processes.

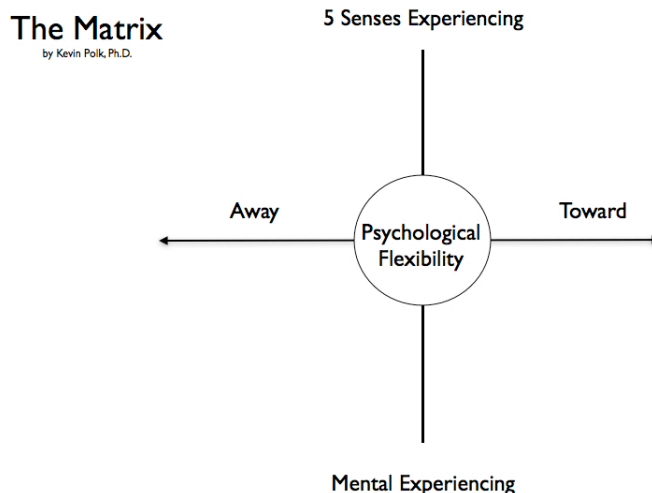
TERMINOLOGY

ACCEPTANCE

Acceptance is an openness to private events (for example, anxiety, sadness, physical pain, etc.). In ACT, individuals are encouraged to be accepting of their experience, rather than avoiding private events of anxiety, sadness, or physical pain. To allow those sometimes difficult experiences, without defence to increase values driven action, to do what is most important. Note that acceptance is not an end in itself, it is a part of a larger whole, increasing psychological flexibility.

THE ACT MATRIX

ACT has been presented visually in many ways including the hexaflex and the ACT matrix. The ACT matrix, similar to the hexaflex, depicts the whole ACT model. The ACT matrix is drawn with two lines and a circle, which divides the diagram into four quadrants: in the bottom right: values (or who and what is important to a person), in the top right: committed actions (behaviors a person can be seen doing to move them toward who and what matters), in the bottom left: difficult or painful inner experiences (these can be obstacles to moving toward who and what matters), in the top left: avoidance behaviours (what a person can be seen doing to move away from difficult or painful inner experiences). At the centre of the ACT matrix diagram is a circle, depicting the position of psychological flexibility, the stance ACT promotes for human functioning.



COGNITIVE DEFUSION

Cognitive defusion is a process bringing awareness to: thoughts, the response to thoughts (all cognitive or mental material), and the consequence of that response. Defusing invites openness to the effectiveness of the response to thoughts, promoting engagement with a flexible response to thought (rather than eliminating or 'getting rid of' thoughts).

COGNITIVE FUSION

When mental content like thoughts, memories, etc. (whether perceived as positive or negative) is strongly believed or taken literally, this is considered an instance of fusion. Fusion is marked by a lack of awareness of thoughts, memories, etc. where thoughts (or cognitive content) may appear to be 'true' or communicate instructions/socially constructed messages. Cognitive fusion at its core, shows us one of the issues with language. If cognitive fusion is perceived to be a problem (sometimes it can have positive outcomes), ACT processes like acceptance and cognitive defusion can be helpful and useful to work with this content.

CONTEXT

Context is anything outside of the behavior being analyzed and can be referred to as the independent variable (things that could be potentially changed, modified, or manipulated). Examples of context include a person's physical environment, social setting, or their education and learning history. All behavior occurs in a context.

CLINICALLY RELEVANT BEHAVIOR

Clinically relevant behavior (or CRB) is anything that a client does in the session that is 1) a problem 2) an improvement in problem behavior, or 3) clients interpreting their own behavior.

COMMITTED ACTION

Committed action is about doing the behaviors/engaging in activities that are in the service of one's values (the who and what is important). Examples of committed actions will look topographically different for all people, one person sitting down to take time out of their day to have a nap or go to bed early may be a committed action for one person, pursuant to values such as sleep management, sleep hygiene, taking care of oneself, whereas for another person, sleeping may be functionally about experiential avoidance.

EXPERIENTIAL AVOIDANCE

Avoidance of experiences (experiential avoidance) is what a person does to minimize, escape, or move away from thoughts, feelings, memories, physical sensations, and more. Experiential avoidance may create more harm in the long-term and is understood to be sometimes pathological (or the opposite of psychological flexibility) in the ACT model. The justification for experiential avoidance being *sometimes* pathological, is simply that it can be functional for a species to avoid some consequences, for example, my dog barking and running inside when a coyote has stumbled into our neighbourhood is a functional consequence of experiential avoidance as my dog may have a more dire outcome with the coyote if they had not run inside.

FUNCTIONAL ANALYSIS

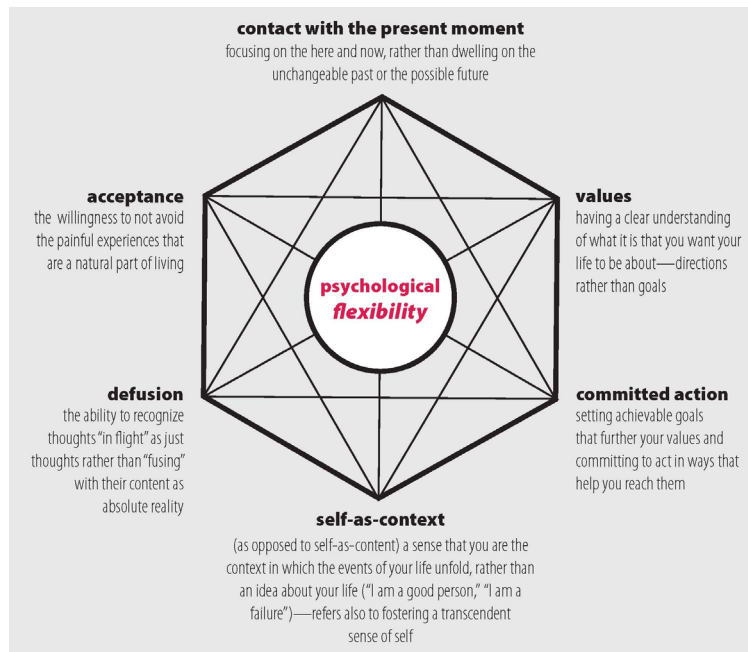
Commonly presented in an A B C format, a functional analysis seeks to expose: A (Antecedent), B (Behavior), and C (Consequence). This is a chain analysis of a person's difficulties, seeking to identify operant conditioning or causal relationships. Notice that this way of looking at personal difficulties seeks to identify what may have happened before a behavior or triggered a behavior. This antecedent could include a private experience such as a thought, feeling, memory, or physical sensation, then seeks to identify the behavior that was operationalized, and understand the consequences (outcomes) of that chain of action.

FUNCTIONAL CONTEXTUALISM

Functional contextualism is the philosophy of science that is the underpinning to relational frame theory (RFT) and ACT. In psychology, functional contextualists wish to gain knowledge for predicting and influencing behavior (everything from observable behaviors like walking and talking to private behaviors like thinking or feeling).

HEXAFLEX

ACT is presented as a circular model with six common core processes: acceptance, defusion, contact with the present moment (sometimes referred to as mindfulness), self-as-context, values, and committed action. The aim of these six processes is to increase psychological flexibility (depicted in the centre of the hexaflex). The hexaflex is depicted below:



Although a hexagon is not circular, it is used to depict the six intersecting points of the processes. Essentially, the six processes are all unified making no one process more important than the other and each of the six are entailed in one another.

PSYCHOLOGICAL FLEXIBILITY

Psychological flexibility is the aim of the entire ACT model and psychological flexibility can be seen as a model of human functioning. Psychological flexibility involves all of the six common core processes in the ACT model (acceptance, defusion, contact with the present moment, self-as-context, values, and committed action) combined. Essentially, ACT aims to strengthen or increase psychological flexibility.

Conceptually, it may be helpful to view this model circularly, as in how it is presented in the *hexaflex*. Alternatively, we can imagine that psychological flexibility is a series of interrelated processes that are active in conjunction with one another, for example a psychologically flexible person may say their experience of the world is: "I am here now, accepting the way I feel, and allowing my thoughts, while committing to, what I care about." This could be a person who is in contact with the present moment even with difficult thoughts, emotions, memories, etc.

RELATIONAL FRAME THEORY (RFT)

As the theoretical underpinning to ACT, Relational Frame Theory (RFT), a psychological theory hypothesizes that language, thoughts, and all other cognitive content is something someone does. RFT explains that deriving stimulus relations is a learned operant. More simply, human beings have the ability to learn to make connections that are not easily perceived or apparent.

A derived stimulus relation could be as simple as stating that 'a dime is bigger than a nickel' (although physically a nickel is larger in size, this is apparent, less explicitly a nickel is valued less than a dime as currency, therefore one could say something seemingly incorrect based on physical size alone, such as a dime is bigger than a nickel). Deriving stimulus relations does not end with physical objects, humans can also apply this verbal and cognitive behavior too (like thinking).

SELF-AS-CONTEXT

Self-as-context is one of the six processes in the ACT model, similar to present moment awareness or mindfulness, self-as-context encourages a noticing of thoughts. However, self-as-context as a process, separate from mindfulness invites people to see themselves as separate from their thoughts/content that happens privately (private behaviors or cognitive activity).

Seeing oneself as the context upon which thoughts or other private experiences happen and not the content or the experience itself is one of the helping elements of the ACT model. It is in this way that self-as-context allows a person to see themselves as a stable entity, an observer of their experience, and the experienced content (private, cognitive, etc.) as changing.

MINDFULNESS & PRESENT MOMENT AWARENESS

ACT promotes a mindfulness that orients people to present moment awareness, the here and now. Mindfulness is one of the six processes in the ACT model, it promotes an awareness of thoughts, feelings, and sensations). Note here that ACT simply invites the observation of these experiences, if judgements arise, this approach to mindfulness would also regard judgement as yet more private experiencing/content to be mindfully observed.

Mindfulness can be practiced formally in a variety of methodologies from meditation or 'mindful activities' such as mindful walking, mindful eating, yoga, and other contemplative practices. Some of the techniques that could be used to demonstrate other processes in the ACT model, such as acceptance, defusion, self-as-context, values, and committed action may take on some similar form to a mindfulness exercise or involve mindfulness as an activity. This is not uncommon in the ACT model, as mindfulness appears to be spread throughout the processes. One could create an exercise based on clarifying values that involves mindful observation.

VALUES

Simply the who and what that personally matters to an individual, values are uniquely chosen principles or standards. For example, being a loving partner may matter to one person who also states that their partner is important to them. For another person, they may state that athleticism is important to them, that taking care of their body and increasing their skill level is what they value. In both examples, the value of who or what is important has been clarified. Values go beyond goals, not simply telling a partner you love them or performing well at an athletic event. Values are a sort of beacon that never simply is accomplished.

Turning a value into an adverb often helps clarify the continuous advancement toward that chosen meaningful areas in ones life.

ACT I:

An Introduction to Acceptance and Commitment Therapy

The website of the Association for Contextual Behavioral Science

(www.contextualscience.org) has just about anything you can think of to help you learn and apply ACT. It is a vast resource for clinical and personal development. The resources there are free but you cannot download them unless you enroll in the site, which makes you a member of ACBS. ACBS is just under 8,000 members worldwide. If you have *any* interest in ACT or RFT it would frankly be *goofy* not to join, which is why your enrollment in this workshop is subsidized with the minimum dues of \$10. Dues are “values based” meaning you pay what you think the work is worth and what you can afford; professionals average \$50 but many initially pay just a little until they see what they are getting. Anything above \$10 will be accepted. Your membership automatically includes full access to a very high quality Elsevier journal called the *Journal of Contextual Behavioral Science*.

There is an email list serve for ACT and one for RFT in addition to specialty lists (for those who work with children; for medical professional; and so on). You have to be an ACBS member to join: you control in the list serves from your membership page. You can ask virtually anything there about ACT / RFT and get an answer.

The next big ACT meeting is the 17th Annual World Conference, June 20-25, 2019, Dublin

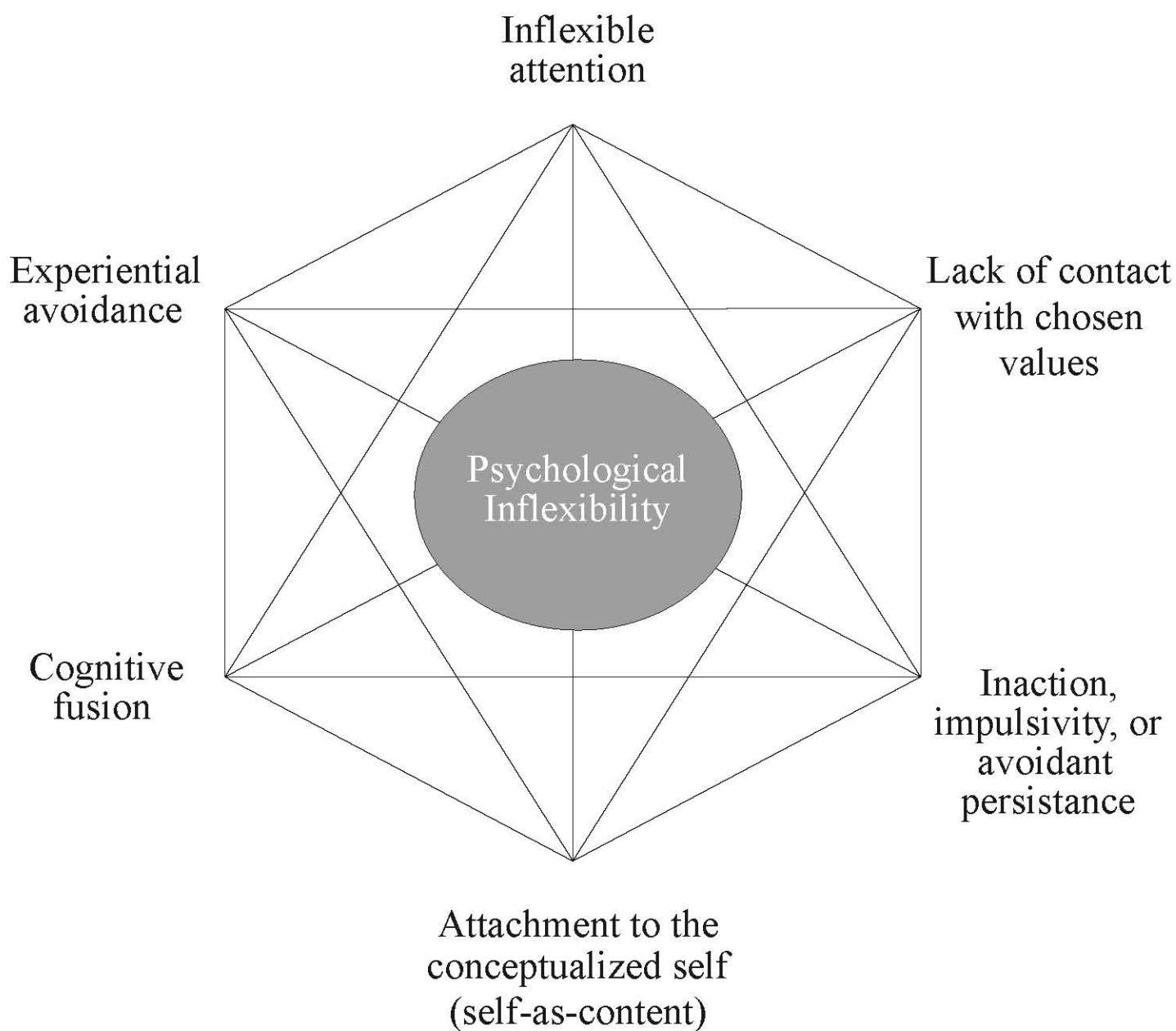
The Values of the ACT / RFT Community

Our goal is the development of a progressive contextual behavioral science that is more adequate to the challenges of the human condition. We intend to move in that direction by developing a community of scholars, researchers, educators, and practitioners who aspire to work in a collegial, open, self-critical, non-discriminatory, and mutually supportive way that is effective in producing valued outcomes for others and that emphasizes open and low cost methods of connecting with this work. The CBS strategy is to develop processes of psychosocial change linked to basic behavioral, cognitive, and evolution science principles and to organize them into workable models, so as to produce coherent sets of empirically supported methods of change linked to evidence-based processes.

How to Learn More About ACT

Read 3 or 4 key books; Join ACBS and especially the list serves; Come to an ACBS convention; Work thru a general ACT self-help book looking at your own processes; Review ACT DVDs (the ones available from New Harbinger Publications for example); Form a Peer Consultation Group (see my training page http://contextualscience.org/steve_hayes or www.contextualscience.org/act_peer_supervision_groups or seek out local or online supervision from experts); Apply ACT following a step by step protocol to a few clients; Apply ACT with supervision (even from non-expert peers) but without a formal protocol to a few clients.

Do all that you should be pretty good. At the point you know you have adopted a psychological flexibility model in therapy, and are accountable to that decision, as far as I am concerned you are an ACT therapist. Therapists can list themselves on the ACBS as ACT therapists whenever they feel ready.



Commitment and
behavior change
processes



Flexible attention
to the now

Acceptance

Values



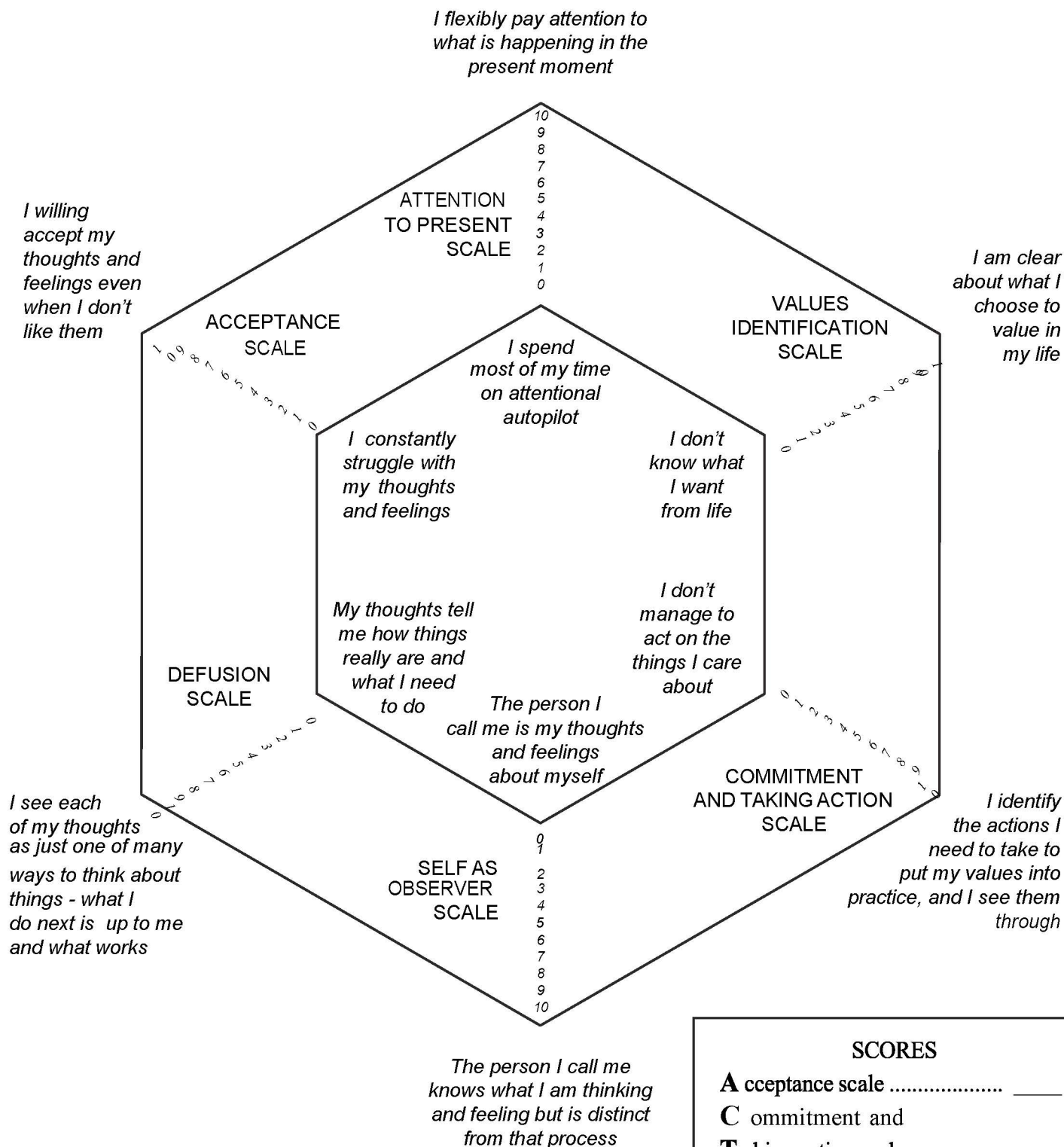
Defusion

Committed
action

Flexible perspective taking
(self-as-context)



Mindfulness and
acceptance
processes



SCORES

A cceptance scale ____

C ommitment and

T aking action scale ____

A ttention to present scale ...

D efusion score ____

V alues

I dentification scale ____

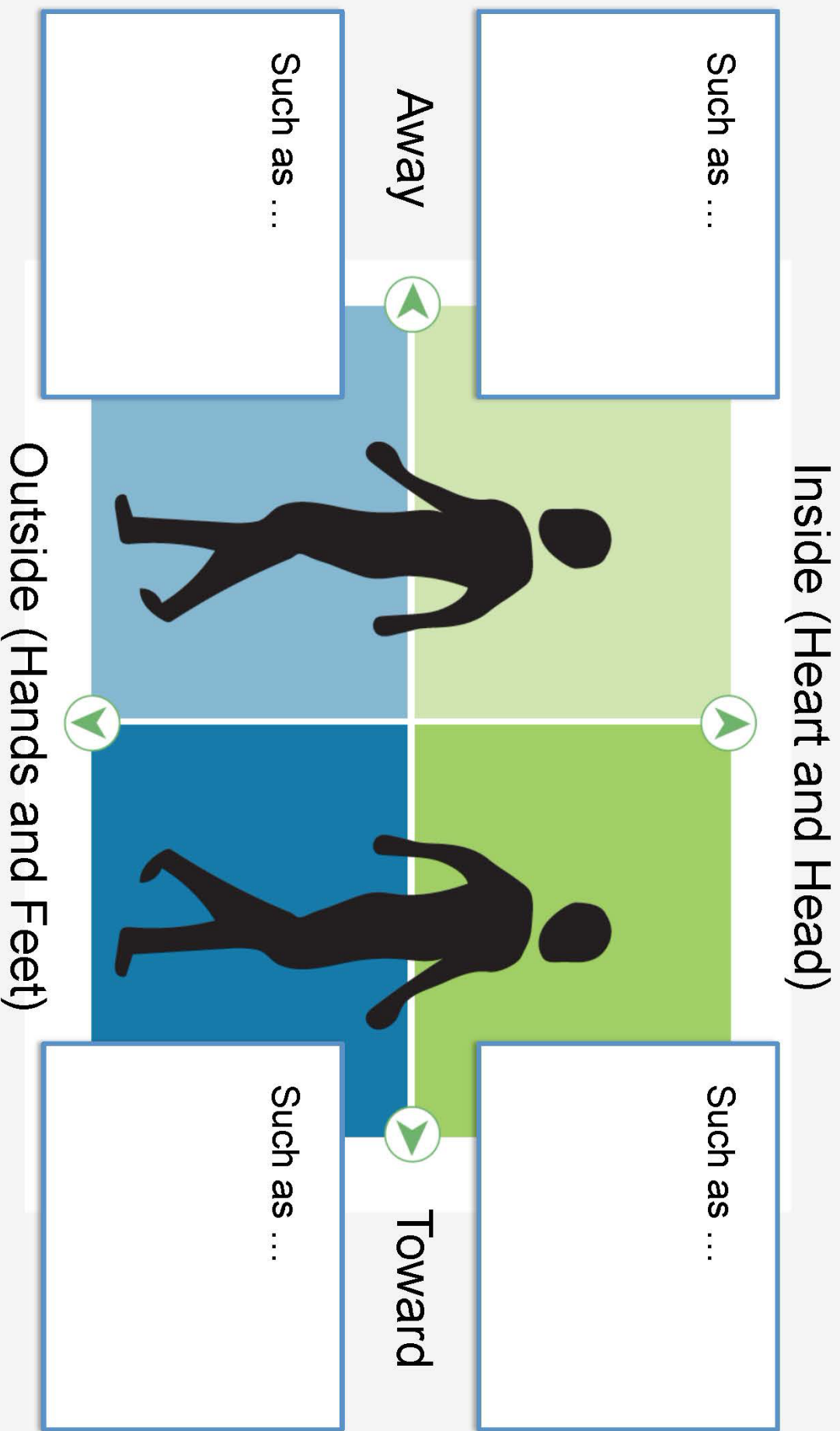
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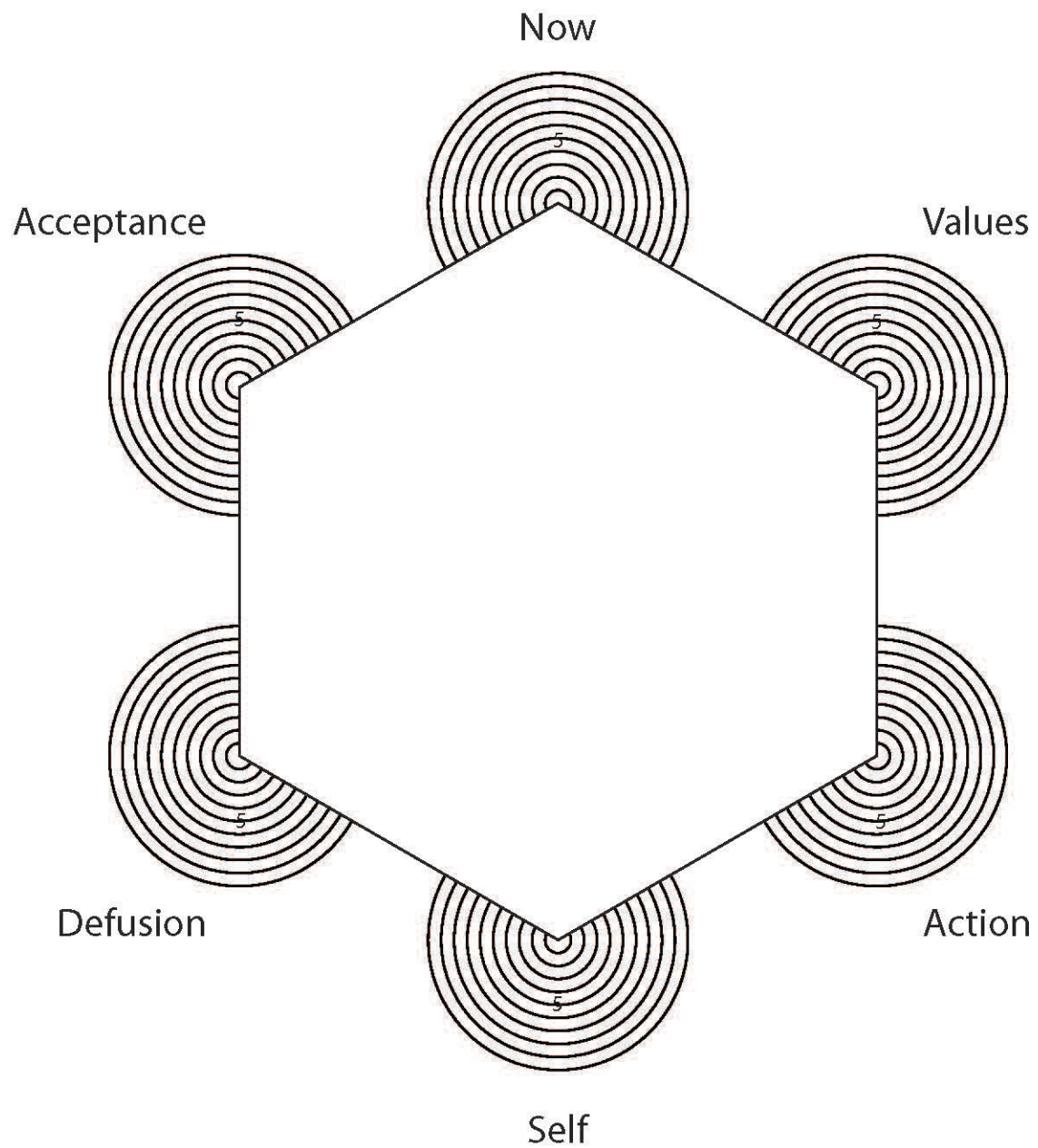
R esulting Psychological

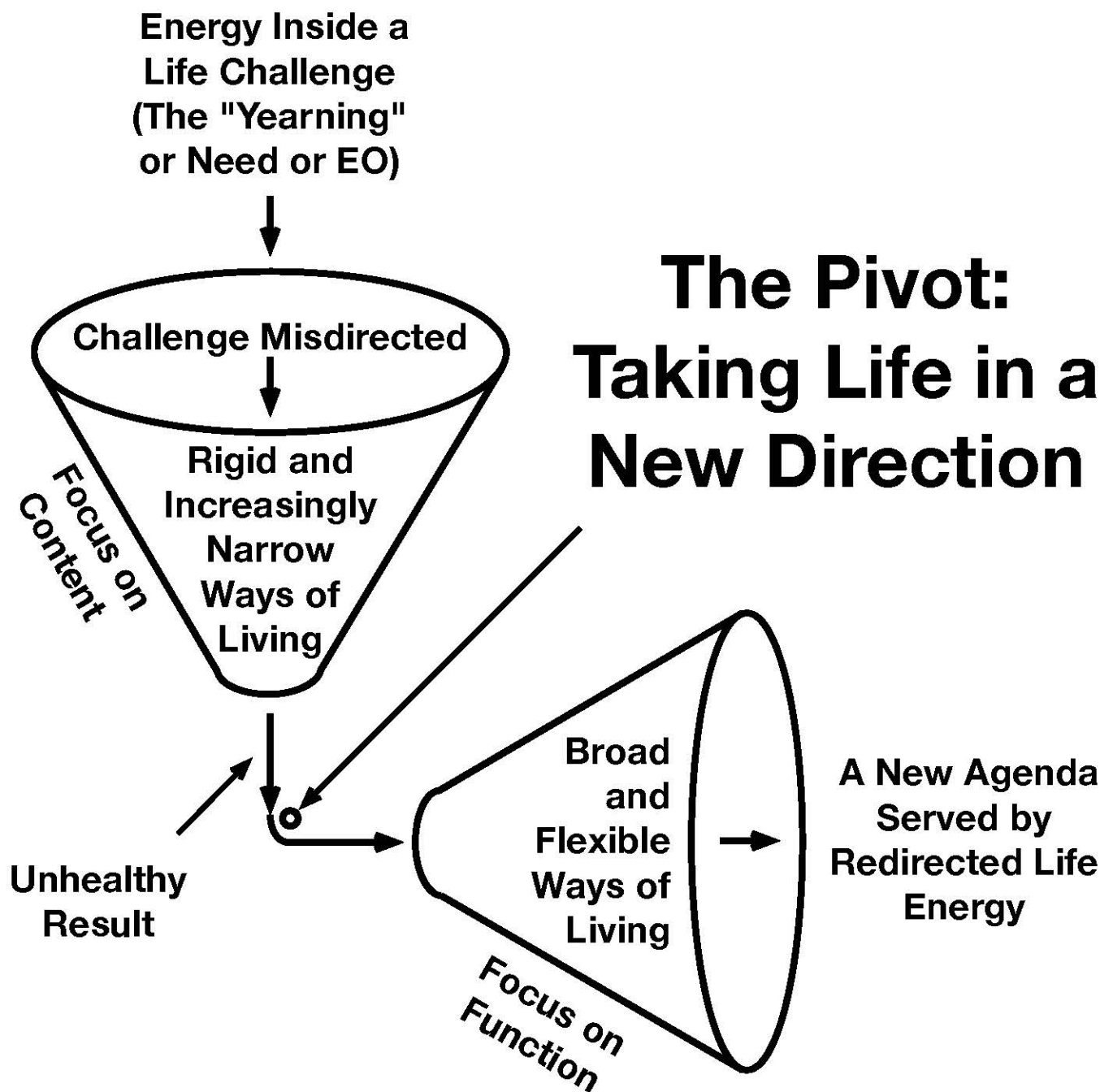
F lexibility Total Score ____

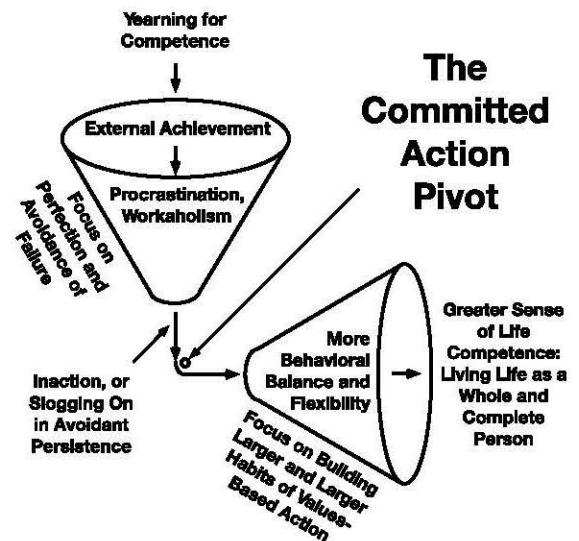
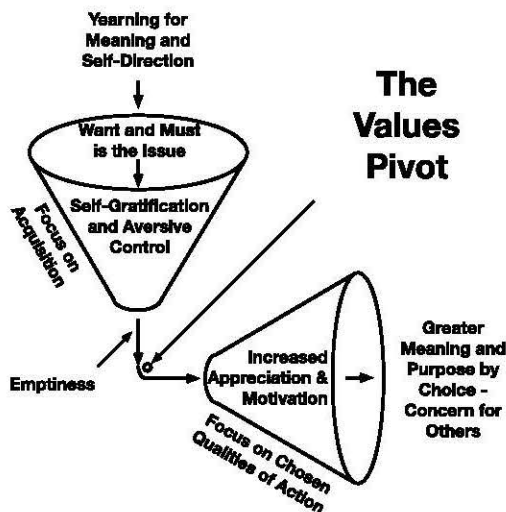
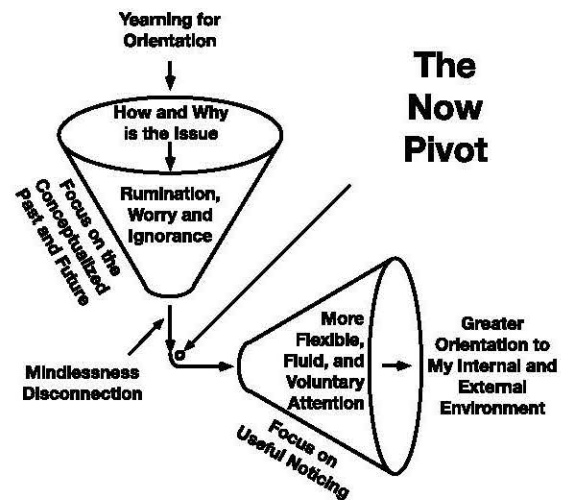
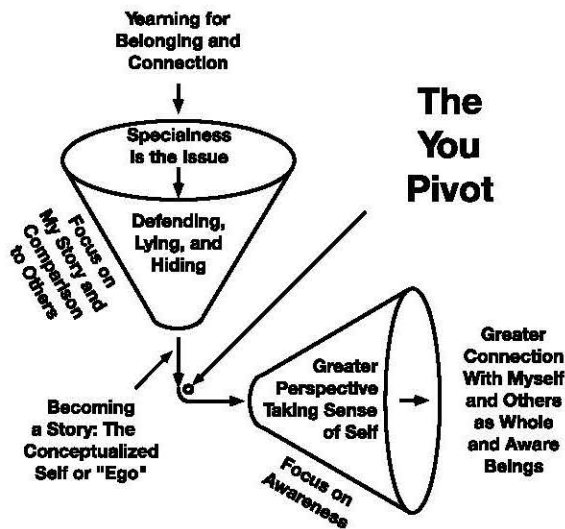
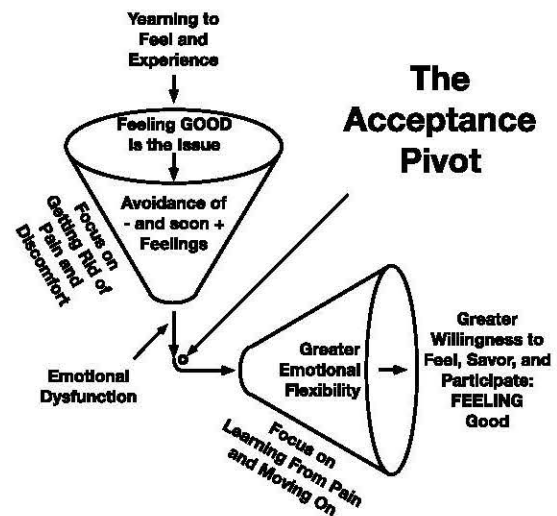
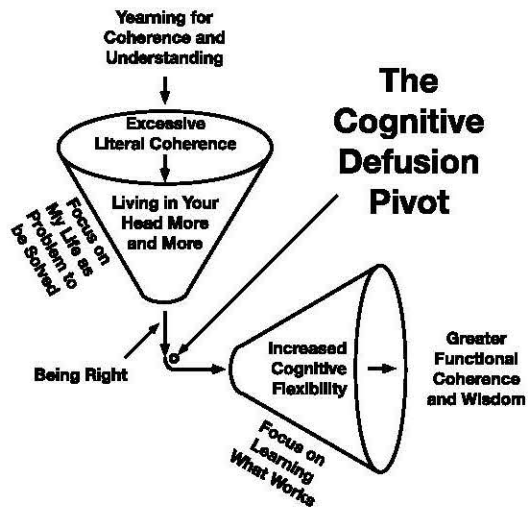
Case Conceptualization with the Matrix



For treatment planning and case formulation







Creating a Flexibility Agreement

Note the Origins

Cast the problem in terms of history and situation. You can include behaviors, but *no thoughts, feelings, sensations, diagnoses, or disorders* should be cast as problematic by themselves.

Normalize the Pain and Chatter

Note that this history led naturally to a gap between what was wanted and what was present. The painful thoughts and feelings that emerged were natural.

Focus on the Natural but Unhelpful Reactions

Point to inflexibility processes (in a common-sense way) that were reactions to that pain and chatter. Group them into two clusters:

1. A Problem Solving Mode of Mind: Avoidance; Entanglement with thoughts; buying into the story of self; Inflexible attention
2. Ineffective action and lost contact with values

Highlight the Cost of Inflexibility Processes

Explore and point to the person's experience of how that has worked.

- Life put on hold
- Did not know what to do
- Things got more entangled / gradually got worse

Get Agreement to a Three-Part Treatment Plan

So if we life is going to move forward powerfully it sounds as though two things are needed.

- a) How to deal with painful thoughts and feelings if a different way.
- b) How to become more fully present
- b) How to move ahead toward what you want

**Build out Agreement into Motivation to Change:
“Creative Hopelessness” or “Acceptance of Where you Start”**

The Complaint or Problem

Briefly Note the Origins

Explore What They’ve Doing to “Solve the Problem”

Reword as a Variant of DOTS

Distract

Opt out and Avoid

Think it out

Short Term Ss: Suppress / substances / sex / self-harm / soothing

Explore the Short and Long Term Impact

Validate the Sanity of the Processes Used

Focus on the Paradoxical Result of Those Reactions

Connect the DOTS: Conscious, Deliberate, Purposeful Control Does not Seem to Work Here

Works Elsewhere

Provide Invitation to Alternative

“Have you had enough?”

“Ready for something truly new – new at the level of the agenda, not the method”

“This is going to be tricky – you’ve done everything your mind can come up with”

Asking Permission to Try New Methods Defusion as an Example

Note the Origins of Difficult Thoughts

Normalize that Origin

Focus on the Natural but Unhelpful Reactions They Pull

Arguing; denying; suppressing; distracting; avoiding

Focus on the Paradoxical Result of Those Reactions

Paradoxically they become more powerful and entangling; life put on hold;
do not know what to do next

Therapist Abandons Control Agenda

“But what is they are learned and will never really go away? I don’t know how to get rid of them. “

Provide Invitation to Alternative

“But I do know other ways to deal with them – to reduce their impact even if they never go away. Would you like to try?”

How to reach me: stevenchayes@gmail.com

Please try to find the information on the ACBS site first, however. You can also visit www.stevenchayes.com

The ACT Therapeutic Posture

Assume that dramatic, powerful change is possible and possible quickly

Whatever a client is experiencing is not the enemy. It is the fight against experiencing experiences that is harmful and traumatic.

You can't rescue clients from the difficulty and challenge of growth.

Compassionately accept no reasons or explanations that are unhelpful -- the issue is workability not reasonableness. When in doubt ask yourself or the client "what is this in the service of?"

If the client is trapped, frustrated, confused, afraid, angry or anxious be glad -- this is exactly what needs to be worked on and it is here now in front of you! Turn the "barrier" into the opportunity.

If you yourself feel trapped, frustrated, confused, afraid, angry or anxious, be glad: you are now in the same boat as the client. If you open up to it you can humanize your work.

In the area of acceptance, defusion, self, and values it is more important as a therapist to do as you say than to say what to do. Instigate, model and support flexibility processes by embodying them.

Don't argue. Don't persuade. The issue is the client's life and the client's experience, not your opinions and beliefs.

You are in the same boat. Never protect yourself by moving one up on a client.

Examples of ACT Components: Steve's "Greatest Hits"

Cognitive Defusion

Method: Attend to thinking as an ongoing process, rather than the world structured by it

When to use: When private events are functioning as barriers

'The Mind'	Treat "the mind" as an external event; almost as a separate person
Mental appreciation	Thank your mind; show aesthetic appreciation for its products
"I'm having the thought that ..."	Include category labels in descriptions of private events
Titchener's word repetition	Repeat the difficult thought until you can hear it
Physicalizing	Label the physical dimensions of thoughts
Sing, silly voices	Sing your thoughts; Say your thoughts in other voices
Arrogance of word	Try to instruct nonverbal behavior
Think the opposite	Engage in behavior while trying to command the opposite
There are four people in here	Open strategize how to connect when minds are listening
Monsters on the bus	Treating scary private events as monsters on a bus you are driving
How old is this? Is this like you?	Step out of content and ask these questions
And what is that in the service of?	Step out of content and ask this question
Get off your butts	Replace virtually all self-referential uses of "but" with "and"
What are the numbers?	Learn sequences of numbers; show how it is impossible to unlearn
Wearing your badges	Put feared negative self-evaluations in bold letters on your chest
Bad news radio	It's bad new radio! All bad news! All the time!

Acceptance

Method: Support openness and curiosity toward previously avoided inner experiences

When to use: When escape and avoidance of experiences interferes with important actions

Explore effects of avoidance	Has it worked in your life; tease out costs if they are there
Experiential awareness	Fostering curiosity during exposure
Leaning down the hill	Changing the response to material – toward the fear not away
Empathy	Participate with client in emotional responding
Drop the rope	Act out a tug of war and learn how to get out of it
Reverse compass	Pay attention to what happens as you do the opposite
Journaling	Write about painful events
Tin Can Monster Exercise	Mental exposure in pieces and domains
Clean and dirty emotions	Trauma = pain + unwillingness to have pain
Willingness from wanting	Bum at the door metaphor –welcome a guest without being happy
How to recognize trauma	Are you less willing to experience the event or more?
Pain/trauma bulleye	Note the expansion of pain into trauma and how it happens
The Willingness Question	Given the distinction between you and the stuff you struggle with, are you willing to have that stuff, as it is and not as what it says it is, and do what works in this situation?
Focus on what can be changed	Two scales metaphor; clean and dirty anxiety
Safe /unsafe limits on willingness	The tantruming kid metaphor; Jumping versus stepping down
Distinguish willing from wallowing	Moving through a swamp metaphor: the only reason to go in is because it stands between you and getting to where you intend to go
Challenging personal space etc	Sitting eye to eye; or any other mindfully uncomfortable action

Self as Context / Observer Self / Perspective Taking

Method: Mindfulness and noticing the continuity of consciousness

When to use: When the person is scattered; over identified with the conceptualized self; or afraid of exposure to the world within

Observer exercise	Notice who is noticing in various domains of experience
Therapeutic relationship	Model unconditional acceptance of client's experience.
Metaphors for context	Box with stuff, house with furniture; chessboard
"confidence"	con = with; fidence = fidelity or faith – self fidelity
Riding a bicycle	You are always falling off balance, yet you move forward
Notice who is noticing	When dealing with content add the question
I am not that	When dealing with content notice the distinction
Identify programming	Two computers exercise
Perspective taking	Letter from a wiser future; Little kid exercise
Rewrite your story	Rewrite life

The Present Moment

Method: Flexible, voluntary, and purposeful attention to the now

When to use: When the person is scattered, unaware, or moving inflexibly into the past or future

Notice what your body says	Bring the person into his or her body
Practice channels of attention	Attend to one thing; shift repeatedly; then attend to two
Follow the breath	Practice following the breath and bringing the mind back to it
Body scan	Practice scanning your body with awareness

Notice the pace	Learn to listen to the pace of therapy
Assume the position	Give emotions and reactions a bodily form
Distinguish senses from mind	Sensory exploration of an object; distinguish from evaluation

Valuing

Method: Choose ongoing qualities of action that are meaningful here and now

When to use: When motivation is at issue; to provide a direction for therapy and life

Sweet spot	Go into sweet moment and see what it can tell you
Your values are perfect	Point out that values cannot be evaluated, thus your values are not the problem
Tombstone; eulogy; retirement party	Have the client write what he/she stands for on his/her tombstone
Values construction	List values in all major life domains
Goals/Actions/Barriers	Link values to each step of purposeful action
Coke and 7-Up; left and right	Exercise to link defusion into choice
Traumatic deflection	What pain would you have to contact to do what you value
Taking a stand	Stand up and declare a value without avoidance
Flip the coins	Pain on one side; list values on the other; throw away both?
Pick a game to play	Define values as choosing the game
Process / outcome and values	“Outcome is the process through which process becomes the outcome”
Skiing down the mountain metaphor	Down must be more important than up, or you cannot ski; if a helicopter flew you down it would not be skiing
Point on the horizon	Picking a point on the horizon is like a value; orienteering
Choosing not to choose	You cannot avoid choice because no choice is a choice
Responsibility	You are able to respond
What if no one could know?	Imagine no one could know of your achievements: then what would you value?

Committed Action

Method: Constructing concrete behavioral change exercises

When to use: To move toward a values direction; when there is a sense of flexibility; to ground the work in the real world of the person's life

Values writing	Write about what's important followed by what you intend to do
Stand up and declare	State values, failures, costs, commitments
Develop specific goals	Specific, doable, time limited
Awareness of patterns	Build larger conscious patterns
Predict barriers	Are you willing to make room for ___ AND (action)
Public commitment	Share with others
Arrange environment	Antecedent and consequential features
Measure progress	Set up monitoring

NOTES

[illegible]

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