



Workshop Outline

- Philosophy of science – functional contextualism
- Functional analysis
- Video observation and coding
- Formal case conceptualization

Philosophical Assumptions of ACT

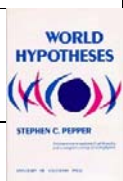
- Every system of thought is based on assumptions
- Philosophy is the field which deals with defending and justifying assumptions.
- We're gonna detour into philosophy for a minute.

What?... Isn't this a therapy workshop?

Yep, but this is important. Understanding assumptions is essential to understanding the system that stands upon them.

Stephen Pepper's World Views

| Worldview | Root Metaphor | Truth Criterion |
|----------------------|---|--------------------|
| Contextualism | Act-in-context | Successful working |
| Formism | Similarity | Correspondence |
| Mechanism | The machine | Correspondence |
| Organicism | Process of organic development or integration | Coherence |



WORLD HYPOTHESES
STEPHEN C. PEPPER

Contextualism

Root metaphor is the act-in-context

- The whole is primary
- The context of any event ultimately includes the entire universe and extends through all of time
- We divide the world up into parts depending upon what is useful
- An event can not be understood separate from its context - both current and historical

Contextualism

Truth Criterion is successful working

- What works is true
- "Truth" is local, no assumption about universal truth (but there could be, there's no assumption about that either)
- A-ontological
- Truth is tied to practical consequences, not to ontological assumptions

We end up with
two kinds of truth

Scientific truth – whatever leads to
prediction and influence

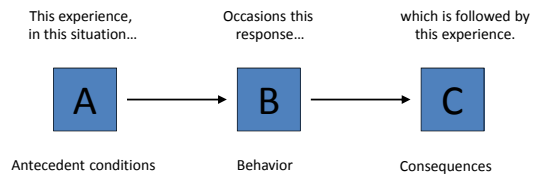
Clinical truth – whatever leads to our
clients living life well

What is "true" is what achieves these goals.

Functional Analysis Primer

Two things to keep in mind:

- Order of events
- The influence of each event



Antecedent Conditions

- What circumstances are likely to generate experiential avoidance?
 - Unwanted, unpleasant thoughts and feelings
 - Contextual features that are correlated with those experiences
- Alternatively, what potential valued domains are likely ignored or unrecognized in these circumstances?

Behavior

- How is the client exhibiting experiential avoidance?
 - Dysfunctional persistence
 - Escape from internal experiences
- Alternatively, what valued actions are they neglecting to do?

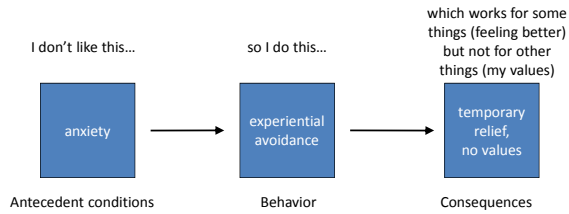
Consequences

- What happens after experiential avoidance that makes it more likely to happen in the future?
 - Short-term effectiveness at control
 - Transition to a more comfortable situation
- Alternatively, what happens after experiential avoidance that reduces the availability or likelihood of potential valued activities? (costs of avoidance)

Out-of-Session Example

- A client comes in complaining of panicky sensations and loneliness. He reports that he gets anxious while venturing outside the home or work to run errands or socialize. When he feels this way he tends to find a place where he can be alone, often by returning home without fulfilling his plans or getting to know anyone. He says it is the only thing that helps with these feelings, but it also creates difficulties in managing his day-to-day needs and doesn't help him make any friends.

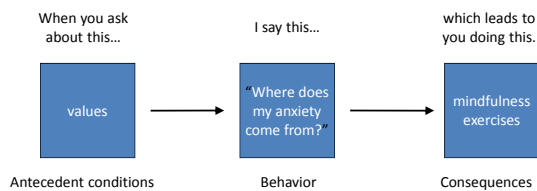
Contingency



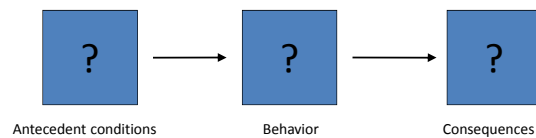
In-Session Example

- In therapy the subject of the client's values is raised repeatedly by the therapist. When questioned, the client displays little enthusiasm for the topic and tends to talk about figuring out the source of his anxiety. The therapist draws out the client's hypotheses on this matter, and often uses this material to introduce acceptance, defusion, and self-as-context exercises. The client appears intrigued by these activities.

Contingency

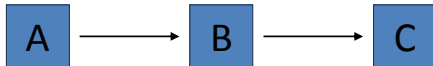


What does your client do?



Functional Analysis

- Let's look at this clinically
- Functional analysis at start of treatment



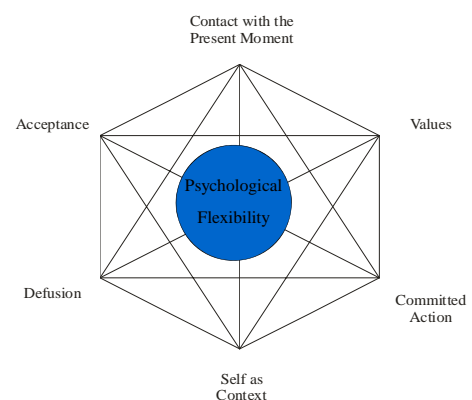
What is case conceptualization?

- An ACT case conceptualization leads the therapist to focus on a unique set of functional processes that ACT and RFT research and theory suggests either hinder or foster psychological flexibility.
 - To review:
 - Psychological flexibility is the process of contacting the present moment fully as a conscious human being and persisting or changing behavior in the service of chosen values

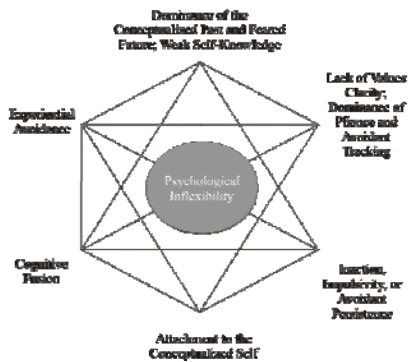
It's all about building psychological flexibility

- When psychological flexibility is present, life experiences (i.e., what behavior theorists call "contingencies") tend to lead to effective behavior and a life filled with value, meaning, and vitality.
- Thus, an ACT approach to case conceptualization seeks to answer the question: *"What unique factors in this person's life have given rise to his or her particular problems and lead to this person's particular version of psychological inflexibility and life constriction?"*

The Primary ACT Model of Treatment



The Primary ACT Model of Psychopathology



Video

- Coding six processes
- Provide overall rating for each of six processes
- Note behavior patterns which informed your rating
- We'll discuss afterwards and try to come to a consensus

1) Begin with reformulating the presenting problem from an ACT perspective:

Presenting problem(s) in client's own words:

- *Embarrassment. I want to get rid of this embarrassment so that I can be normal.*

ACT reformulation of presenting problem:

- *Client avoids embarrassment/shame/anxiety/fear and thoughts of other/self-judgment, resulting in further suffering and constricted social relationships, poorer parenting, lack of physical engagement with life, and other valued activities.*

2) What thoughts, emotions, memories, sensations, situations is the client fused with or avoiding?

Thoughts

- *"I'm stupid", "I'm a shy person." "I need to get rid of this embarrassment" Others are judging me. "I should have gotten over this a long time ago." "I'm hopeless."*

Emotions

- *Embarrassment, shame, fear, anxiety*

Memories

- *Memories of having not attended classes before. Memories of having failed her children. Memory of losing her job. Memories of illness.*

Other

- *Bodily sensations related to exercise, which perhaps cue memories and fears related to past illness. Visual input of having another person look at her. Avoids social situations of all sorts. Avoids hugs or other sources of physical affection from others.*

3) What does the client do to avoid these experiences?

Internal emotional control strategies

- *Telling herself she's stupid, worry (a form of ineffective problem solving), telling herself to think differently*

External emotional control strategies

- *Avoids social situations, physically turns away from others when embarrassed, avoids physical contact, blocks vision with hands, averts gaze, avoids work, avoids exercising, avoiding classes*

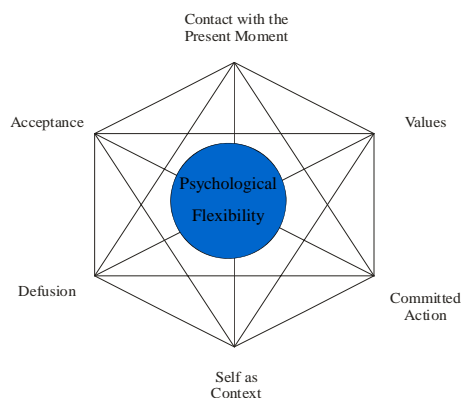
In-session avoidance or emotional control patterns

- *"crumpling," not answering questions, whispering, freezing, many of the above external emotional control strategies, playing it safe (avoiding risk taking)*

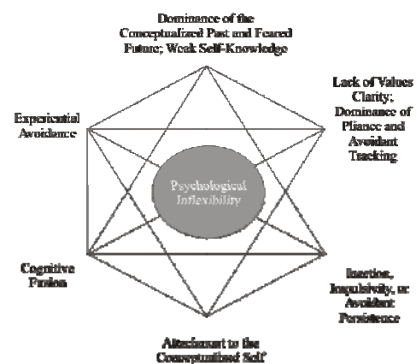
4) Domains and ways in which the client's behavior is narrowed and inflexible

- *Limited social relationships and effectiveness*
- *Limited in self expression and improving as a painter – not attending classes, doesn't share work with others*
- *Problems with children, likely related to this constriction – need more info there*
- *Denies any problems in marriage (come on, is any marriage perfect?), probably unable to address downsides of marriage as a result*

The Primary ACT Model of Treatment



The Primary ACT Model of Psychopathology



5) Consider other domain of psychological inflexibility and treatment implications

Fusion/Defusion process

- *Continues to use unworkable control strategies (stop feeling this way, social avoidance)*

Treatment implication:

- *Consider strong focus on experienced workability and creative hopelessness.*

5) Consider other domain of psychological inflexibility and treatment implications

Self process

- *Self concept as hopeless, shy, ineffective, embarrassing, shameful*

Treatment Implications:

Do self as context and defusion work, description vs evaluation, potentially practice with taking on different roles to see impact on self concept

5) Consider other domain of psychological inflexibility and treatment implications

Present moment process

- *Anticipatory worry about upcoming social situations, during "freezing," she is caught up in conceptualized past about "embarrassing situation" that just occurred*

Treatment Implications

- *Client probably needs extensive work on contact with the present moment so that she can begin to come back to here and now and to her direct experience while caught up in her thoughts during episodes of freezing. Develop sense of self as observer through practicing mindfulness in and out of session.*

5) Consider other domain of psychological inflexibility and treatment implications

Committed action process

- *Behavior is oriented largely toward avoidance and escape from embarrassment and fear, largely characterized by lack of valued action*

Treatment Implications

- *Probably needs extensive practice with building new patterns of behavior in a step-by-step planful way. Goals will need to be concrete and achievable. Important to attend to issue of willingness to take steps, rather than coercing herself to action. Exposure and willingness practice will likely be essential.*

6) Consider motivational factors

Motivational factors

- *Therapeutic relationship probably needs extensive attention as client habitually feels that others are judging her. This likely applies to the therapist too.*
- *A positive motivational factor is that client is aware of the cost of this pattern for her life, that her life has become increasingly empty and her options constricted*

Treatment Implications

- *Defusion around self and "others" judgments will probably need to be important. Therapist will need to monitor for permission before doing or saying difficult things.*
- *Could be helpful to make sure that client clearly sees the link between control and the cost in terms of her values.*

7) Assess environmental barriers to change

- *More assessment is probably needed. Client's husband may be unsupportive of change and couples therapy might be useful in this regard. Often others around a person who is unassertive are not happy when the person becomes more assertive*

8) Client Strengths

- *Client does have some friendships that could perhaps be enlisted as support for change.*
- *Has the experience of demonstrating committed action in the form of regular exercise and working in the past.*
- *Can reliably set goals and accomplish them as shown in consistent between session practice. Suggests that taking small, consistent steps may be particularly effective for this client.*

9) Describe a comprehensive treatment plan

General issues:

- *ACT for Anxiety book as a treatment manual.*
- *Consider Acceptance and Action Questionnaire, Anxiety Sensitivity Index.*
- *Consider bringing in husband for couples work.*

Treatment plan continued

- *Begin with creative hopelessness focused on workability of avoidance of embarrassment and fear.*
- *Work on defusion from self-judgments and thoughts about judgment from others.*
- *Much of this can happen in session as client often exhibits the problematic behaviors in the moment of the session.*
- *Probably will need to pay close attention to the relationship and to issues of getting permission prior to presenting any difficult exercises, questions, or statements.*
- *Help client to clarify values to help with willingness to confront feared images/feelings/sensations.*
- *Include considerable focus on defusion/self as context prior to conducting exposure/willingness work.*