

Acceptance Core Competencies

Note instances below where the therapist demonstrated one of these core competencies

The therapist helps the client make direct contact emotional control strategies and their paradoxical effect.

The therapist actively uses concept of “workability” in clinical interactions.

The therapist models and uses appropriate exercises and metaphors to help the client make experiential contact with the cost of being unwilling relative to valued life ends.

The therapist models and uses appropriate exercises and metaphors to show willingness as an alternative to avoiding difficult internal experience.

Therapist uses exercises and metaphors to help client contact willingness as an action in the presence of difficult internal experience.

Defusion Core Competencies

Note instances below where the therapist demonstrated one of these core competencies

The therapist creates a separation between the client and the client's conceptualized experience (e.g. cognitive barriers, "having" experiences rather than "being" experiences; attachment).

Therapist uses various exercises, metaphors and behavioral tasks to undermine the effect of language (e.g., milk, milk, milk; what are the numbers?).

Therapist actively contrasts what the client's "mind" says will work versus what the client's experience says is working.

Therapist helps client elucidate the client's "story" and helps client make contact with the arbitrary nature of causal relationships within the story (reason-giving).

Therapist detects "mindiness" (fusion) in session and teaches the client to detect it as well.

Acceptance/Defusion Exercise

Considerations for therapists

The primary focus of this exercise is to help the client see thoughts as what they are rather than their literal meaning, in through the process help them let go of the agenda of control as applied to internal experiences. See if you can use one of the new tools that was modeled in order to expand your own therapeutic flexibility.

A basic outline of what you might do as the therapist:

- 1. See if you can get a sense for the client's struggle. What is the A-B-C?**
- 2. Try to evoke the struggle/barriers in the present moment. Help the client to get in contact with the barriers or the struggle in the here-and-now.**
- 3. Work on acceptance/defusion experientially, perhaps using one of the exercises we discussed earlier.**

Therapeutic posture:

Pay attention to permission. You may want to ask the person if they are willing to go further, willing to disclose more, or willing to feel something painful.

Watch out for too much talking *about* things. Try to keep your work focused on noticing what is present, evoking barriers, and working experientially with what is in the present moment.

Some ideas for the therapist if you feel stuck:

Try to identify instances of experiential avoidance, either the client's or yours as the therapist. Use that as a springboard to doing some acceptance/willingness work.

If you're feeling stuck or trapped, notice if you may also be fused with some evaluations (e.g. I'm not doing this right, this isn't working, etc.). What would you do in that moment if you weren't trying to control your own internal experience? From that place can you see an opportunity to work in the taking inventory exercise or some sort of chair work into the conversation.

Considerations for Consultants/observers

Your role is to follow the interaction between therapist and client closely, so that at the end you can give feedback, both personal and technical, on the whole process. Notice client reactions to therapeutic interventions, notice the process, and also notice any questions you might have about the technical interventions. Keeping notes is often helpful. Use the Hexaflex Case Conceptualization Handout to write down specific instances where the therapist promoted psychological flexibility and/or where the client exhibited psychological inflexibility.

Specifically, you might attend to:

- **Did the therapist seem to be able identify the A-B-C of the client's struggle?**
- **Was there a present moment focus to the work? Was the client able to get in contact with the barriers of the struggle in the here-and-now?**
- **Did you see a place where maybe the therapist seemed to become fused with their own thoughts?**

You may also be available as a consultant to the therapist should he or she feel stuck or have a question during the exercise.

- **Follow the interaction closely, looking for ways to bring the session more in to the present moment**
- **Offer consultation only if the therapist asks. Otherwise, save your comments for the end.**

Considerations for Clients:

Clients will identify a focus for the exercises:

It's usually useful for you to pick something you are willing to work on in some depth, but also to pay attention to the situation, that you are working in a relatively time-limited circumstance with people you don't know well.

Try to identify areas of life where you experience some struggle. Here are some ideas:

- 1) An area of your work (or relationships) you experience the feeling of being stuck or hopeless.
- 2) An area of work (or relationships) where you seem to be "holding on to" a particular thought/feeling/belief and doing so has limited or prevented you from moving in a valued direction..
- 3) An area of work (or relationships) in which you find yourself engaging in form of experiential avoidance (e.g. can take the form of procrastination, control strategies, sticking only to those things you feel very competent at, etc.) but which is also an area of your life that you would choose to value.

Before we start, take a few moments to write about some areas you might work on in the exercise.

Basic Formula for Contacting Observer self

Aim: To increase awareness of self as context or the observing self, that aspect of us which is experientially distinct from whatever event is being observed.

The basic formula for generating contact with the observer self is lead the client to 1) notice his or her present moment experience and then 2) notice who is noticing these experiences. The therapist typically alternates between present moment experience and noticing who is noticing multiple times and across multiple domains of experience. It can also be helpful to have the client notice that while the content of experience is continually changing, the one who does the observing is not observed to change. Below are some more specific guidelines on how to practice this:

The basic observer self outline:

- 1) “Bring your attention to X...” [therapist helps the client to notice the present moment experience in a domain of experience in detailed manner]
- 2) “As you notice X, be aware that you are noticing it...” [provide various cues to help the client to notice the distinction between observer and observed. Other examples are below]
 - “Notice that x is there and you are here, observing it”
 - “Once again, notice X, and be aware that you’re noticing. X is there, and you experience yourself to be here.”
 - “Did x feel itself?”
“Notice there are two processes happening here. There’s the process of thinkin) and there’s a process of noticing – your observing self is noticing these thoughts.”
 - “As you look at x, notice how far away it is. From where?”
 - “If you can notice x, you cannot be x.”
 - “Notice the sense of space in between you and what you are observing.”
 - “So just notice x for a few moments, and as you do this, every so often notice that you are the one noticing [give the client time to do this]

Repeat steps 1-2 a few times. Improvise.

You can also lead them through noticing how their experience in this domain is constantly changing across time, but that the observer self does not change:

3) E.g., “notice how your thoughts are constantly changing. Sometimes you think one thing, sometimes another. You used to know little when you were young, but over time you gained more and more thoughts. You used to think some things that you no longer think any more...”

4) “Notice while your experience of x is constantly changing, the you that notices X does not change.” Help the person to notice that while experience changes, the observer self does not

5) Switch to another domain of experience and repeat steps 1-4. **X** can include: **thoughts, feelings, sensations, sights, urges, memories, body, the roles you play.**

Here are some examples for part 3 of the formula to help you improvise:

- E.g., your feelings change constantly. Sometimes you’re sad, sometimes you’re happy. Sometimes you’re calm. Sometimes you’re angry. Etc. etc.
- E.g., your body changes continuously. It’s not the same body you had as a baby, as a child, as a teenager, as a young adult. You may have had bits put in or bits cut out. You have scars, and wrinkles, and moles and blemishes, that weren’t there ten or twenty years ago. You get a whole new set of skin every 6 weeks. Over a period of 7 years, almost every single cell in your body gets replaced by new cells. At the atomic level, 95% of the atoms in your body are replaced by new ones in the space of one year.
- E.g., your roles change continuously. Now you’re in the role of a client. At other times, you’re in the role of a mother/father/son/daughter/ brother/sister/friend, rival, citizen, customer, worker, employer, employee etc.

You may want to end the exercise with a sky and the weather metaphor: The observing self is like the sky, while thoughts, sensations, and images are like the weather. The weather constantly changes throughout the day. And whatever it is, the sky always has room for it. No matter how bad the weather, no matter how violent the thunderstorm, no matter how severe the sun, the sky cannot be damaged in any way. Even hurricanes and tsunamis, which may wreak death and destruction on the land—even they are unable to hurt the sky. And of course, as time passes, the weather will change again and again, while the sky remains as pure and clear as ever.

Using this formula, you can make this kind of exercise as long or short as you want. You also weave little bits of training on self as context in many other mindfulness exercises by simply having people notice who is noticing their present experience. The original ACT book (*Acceptance & Commitment Therapy*, by Hayes, Strosahl, Wilson) has a detailed and lengthy script for this on p 193-195. You can use that script, but keep in mind that it is quite long and so may be hard for a lot of people to follow that whole time unless highly motivated.

An even briefer observer self practice. Have a client say the following to themselves as they notice (and perhaps do as homework during times when they are fused or avoiding):

I am noticing X.

I am noticing that I am noticing X.

Or

I am aware of X.

I am aware that I am aware of X.

Taking inventory

This is primarily a defusion exercise that centers around helping the client label experiences as they notice them in the present moment. This exercise can be introduced when the client is experiencing an aversive emotion, thought, or sensation and, in that case, it also functions as an acceptance exercise. Alternately, it can simply be introduced at any point in a session as a way to practice defusion. Typically, a client would also be asked to practice this same process between sessions when a difficult emotion or thought arises.

Below are some guidelines for conducting the exercise:

- 1) Introduce the exercise by saying something like, "If you're willing, I'd suggested we do an exercise right now where I will help you to simply note what you are experiencing in each moment. The way we will do this is to label the category of the experience you are having before you say it out loud. For example, if you are having a thought, you might say, "I'm having the thought x" or if you notice a sensation, you might say, "I'm having a tingling sensation in my hands." If you notice an emotion, you might say, "I'm having the feeling of anxiety." And so on. I'll do it with you and we'll only do it for a few minutes. Are you willing to give it a shot?"
- 2) One of your roles is as a model. Notice your own experiences and label them in the same way you want the client to.
- 3) Your second role is as a coach. Monitor the client for whether they are labeling the experience before they say it out loud. Often clients will be fused with thoughts such as "this is hard" and they will simply say, "this is hard," rather than "I'm having the thought, this is hard." Other thoughts that are often missed include agreeing with something the therapist said (e.g., saying "OK" rather than "I'm having the thought, OK"). When you notice fusion occurring, your job is to coach the client on using the language convention so that they can return to an observer stance.
- 4) Stop once the client exhibits that he or she is able to consistently label the category of an experience or if it becomes apparent that you will not be able to get to that point

Thoughts on cards

In this exercise, the various private experiences that the client is struggling with are written down on index cards and the therapist coaches the client on various ways of interacting with the cards. For example, the client can be asked to hold a card up very close to his/her eyes and notice what it is like to have the thought so close. Then you can ask the client to move the card a bit further away and notice what that experience is like. What is their experience of being able to interact with the world or you when the card is directly up against their eyes versus at arm's length? Or, the client can be asked to simply read the thoughts written on the card aloud and notice what that's like. Alternatively, the client can be asked to try to keep the cards away as they are tossed at him/her. Or the client can hold tight to the card (analogous to holding onto a particular idea) as the therapist engages in a tug-of-war. Either of these actions can be contrasted with simply holding the cards on ones hand or lap. The client can be asked to carry the cards for homework, perhaps taking them out once per day and reading through them and noticing that he/she is carrying them. The client could be given blank cards and asked to write down distressing thoughts or emotions as they occur and to carry them with him/her.

Physicalize thoughts and emotions

We all have a great deal of experience dealing with the objects in the environment as separate from ourselves. In this same way, therapists can teach clients to deal with thoughts and feelings as objects to be viewed. The idea is to create a healthy distance between self and thoughts and other private events. This is not to say that thoughts are not contacted; they are still present but are viewed from a different perspective. Using metaphors and exercises can help with this process. Objectifying thoughts can help clients interact with their thoughts in more flexible and practical ways, in much the same way that external objects can be used in multiple ways. For example, the therapist might ask the client to consider whether thoughts are like tools in some ways, as seen in the following transcript from *Learning ACT*.

Therapist: If thoughts were like a tool, how might we work with them? We don't usually sit around thinking, "I'm not sure this hammer is the right hammer for me. I don't usually use a hammer like this. I think I'm a two-pound hammer kind of person." We just pick up the hammer and start pounding nails or we don't use it at all. In contrast, when you have the thought, "I'm not sure I can do this, I don't usually live my life this way, I'm pretty much a loser kind of person," that thought doesn't seem to you to be like a tool at all. It's more like, "This is true, this is who I am." In this stance, it's like a hammer that you have no choice but to use. Before you know it, the I-am-not-sure-I-can-do-this hammer or the I-am-a-loser-kind-of- person hammer is in your hands and you are pounding away. Now, would it be possible to step back and look at which thoughts are useful as tools for you to construct a life of value for yourself, rather than having to evaluate them in terms of their truth or untruth?

Common ACT metaphors and exercises that use this process of objectifying thoughts and emotions include empty and two-chair exercises, physicalizing, the bus metaphor, taking your mind for a walk, or giving your mind a name (e.g., my mind is named "Edgar").

The physicalizing exercise is a classic example. Typically, you would suggest that the client close their eyes and identify a personal struggle, a difficult emotion, or thought or sensation. Often, these difficult thoughts/feelings/sensations will simply arise in the therapy conversation and the therapist can simply weave this eyes-closed exercise into the conversation. The client is asked to give this struggle an image and imagine it out on the floor in front of them. You coach the client to identify the shape, size, color, character, weight, temperature, movement, power, sound, smell, and any other details about the object that they might notice. Your goal is to create as vivid and rich an experience of the object as possible. Once the "object" is out there, you might coach the client to just let the image rest there without any effort to make it go away or come closer. You can also have the client notice any reaction they have to the object. This reaction can then be physicalized, just like the initial reaction. Feel free to play around with the process and have the client interact with the object in any way that might facilitate additional flexibility.

Instances of therapist behavior promoting psychological flexibility:

Acceptance	Present Moment	Values
Defusion	Self-as-Context	Committed Action

Out line of the overall process

Once you are assembled in your group:

- 1) Decide who will be in the four roles: observers, consultant, therapist, and client.
- 2) Conduct the exercise for the time allotted
- 3) Discuss the exercise in two steps, starting with the consultant:
 - a. Report personal reactions to the client and perhaps the therapist. Perhaps something moved you or you felt connected with the client at a certain point. The goal is to simply share your personal reaction to what happened, not to analyze it or continue being therapeutic.
 - b. Once you are done with the experiential feedback, shift to a focus on the technical aspect, perhaps why someone did something or ideas on how something might have been done differently. Consider discussing what the observer noted on his/her worksheet.

Values/Commitment Case Conceptualization

As you observe the interaction, see if you can identify moments that have some of the qualities of effective values conversation. Below are the qualities with short descriptions.

Vitality: A qualitative reaction that people often describe as "vital," "alive," or "meaningful." An essential role of the therapist is to monitor the vitality of the values conversation. If it is dead, lifeless, grinding, constricted, intellectual, or rote it is not likely being productive. The therapist's job is to draw out the client's hopes and dreams, and to help the client to detect those life directions that they would choose freely, not to avoid the negative opinions of others or guilt, anxiety, or shame, but because when given the option, they were freely chosen.

Client behavior that reflect this quality	What did the therapist do to occasion the response?

Choice: By choice, we are speaking of the experience of values being freely selected, without avoidance, rigid rules, or social manipulation. ACT works to break up a sense of "have tos," "musts" and "only ways" and to create a sense of open possibility. Clients can feel coerced by their own history, their own feelings and thoughts, by others, even by their own values. Keep your therapeutic antennae out for this sense of coercion, and its alternative, choice, in the room.

Client behavior that reflect this quality	What did the therapist do to occasion the response?

Present Oriented: While conversations about values extend into the future, something that is valued is valued *now*. Values work brings the extended moment into the present moment in the service of building larger and larger patterns of action linked to valued life directions. Values work pulls extended appetitive consequences forward in time.

Client behavior that reflect this quality	What did the therapist do to occasion the response?

Willing Vulnerability: Contacting values is often bittersweet. When a client opens up to values, a common emotional reaction is crying -- the embraced tears of caring and vulnerability. You can only be hurt in areas you care about. If valuing has been put aside to avoid hurt, a much greater hurt is created of a life not being lived. When the client once again turns in a valued direction, the emotional vulnerability of that turn will be present -- but it will be pain carried for a purpose. Inside pain, we find our values and inside values we will find our pain.

Client behavior that reflect this quality	What did the therapist do to occasion the response?

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Considerations for therapists

The primary focus of this exercise is to help the client explore an important area of their life they have identified and help them to clarify what they value in this domain. Use whatever tools you have to help them do this.

As you help them clarify their values in the domain, look for and attempt to foster the qualities of effective/powerful values conversations (see Values/Commitment Case Conceptualization handout) so that the person actually contacts the value during the exercise, rather than simply talking about it.

If you are able to help the client contact a heartfelt value, see if you can move on to committed action. Help him or her find some action, no matter how small-seeming that he/she would be willing to take that would be step in the direction of what he or she values. Help the person to be bold in their life.

Therapeutic posture:

Pay attention to permission. You may want to ask the person if they are willing to go further, willing to disclose more, or willing to feel something painful.

Watch out for too much talking about things. Try to keep your work focused on noticing what is present, evoking barriers, and working experientially with what is in the present moment.

Remember, this isn't about trying to have the right words show up in the conversation, but rather, trying to help foster certain qualities (e.g. vitality, willingness, etc) in the conversation.

Some ideas the therapist if you feel stuck:

Ask the person to remember and tell you about a time when they felt intense vitality, contact, presence, or purpose in the domain chosen for exploration. Perhaps use an eyes-closed exercise where the person recreates an event in imagination and then considers its meaning, notices their reaction to the memory, or ponders whether it suggests anything about their current life.

Ask them what they would do about the situation if they could do anything at all. If all the obstacles were removed, if there were no barriers, what would they do? Or, who they like to *be* in that domain? If they were completely free to write the story of who they were in that domain in their life, what adjectives would they use to describe that character?

Find Values in Suffering. Take the person into the pain of caring. What has been the most difficult or painful part about caring about this domain or relationship? Was there an event that happened that seemed to get in the way of their caring? If so, help them to explore what was painful there and bring willingness to it. What's the value on the other side of the coin?

Considerations for Consultants

Your role is to follow the interaction between therapist and client closely, so that at the end you can give feedback, both personal and technical, on the whole process. Notice client reactions to therapeutic interventions, notice the process, and also notice any questions you might have about the technical interventions. Keeping notes is often helpful. Use the Vales/Commitment Case Conceptualization Handout to write down specific instances where the therapist promoted psychological flexibility and/or where the client exhibited psychological inflexibility.

Specifically, look for the four qualities of effective value conversations. You might attend to:

- **Did one of the qualities occur in the interaction? If so, what client behavior let you know it occurred? What did the therapist do to occasion this response?**
- **Did you see a place where the therapist might have done something different that might have brought one of these qualities into the conversation? What do you think the therapist might have done and which quality would it have heightened?**

You may also be available as a consultant to the therapist should he or she feel stuck or have a question during the exercise.

- **Follow the interaction closely, looking for ways to bring the session more in to the present moment**
- **Offer consultation only if the therapist asks. Otherwise, save your comments for the end.**

Considerations for Clients:

Clients will identify a focus for the exercises:

It's usually useful for you to pick something you are willing to work on in some depth, but also to pay attention to the situation, that you are working in a relatively time-limited circumstance with people you don't know well.

Try to identify areas of life where you experience some struggle. Here are some ideas:

- 1) An area of your life (or relationships) you used to care about but you don't feel much caring about anymore and this bothers you.**
- 2) An area of life (or relationships) where you feel like it's important to you, but you're not taking much action on it.**
- 3) An area of life (or relationships) that you value, but that you also find yourself avoiding thinking about.**

Before we start, take a few moments to write about some areas you might work on in the exercise.