Instructor’s Manual
for
ACCEPTANCE AND COMMITMENT THERAPY: PSYCHOLOGICAL FLEXIBILITY

with
STEVEN HAYES, PHD

Manual by
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psychotherapy.net
The Instructor’s Manual accompanies the DVD Acceptance and Commitment Therapy: Psychological Flexibility with Steven Hayes, PhD (Institutional/Instructor’s Version). Video available at www.psychotherapy.net.

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Acceptance and Commitment Therapy: Psychological Flexibility with Steven Hayes, PhD

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Instructor’s Manual for

ACCEPTANCE AND COMMITMENT THERAPY: PSYCHOLOGICAL FLEXIBILITY WITH STEVEN HAYES, PHD

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions. What are viewers’ impressions of what is presented in the interview?

4. CONDUCT A ROLE-PLAY
The Role-Play section guides you through exercises you can assign to your students in the classroom or training session.

5. HAVE STUDENTS OR TRAINEES WATCH OTHER TITLES IN THIS SERIES WITH SAME CLIENT
This video is part of a six-video series, Acceptance and Commitment Therapy with Steven Hayes, PhD. Watch the other videos in the series to give students the complete clinical picture of Acceptance and Commitment Therapy, demonstrated by a wide variety of clinicians and clients.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos and Further Reading prior to or after viewing.

6. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section.
PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.
Acceptance and Commitment Therapy: A Summary of Approach

Acceptance and Commitment Therapy or ACT (pronounced as a word, not as separate initials) was developed in the late 1980s by Steven Hayes, Kelly Wilson, and Kirk Strosahl, and is considered part of the third wave of behavioral therapies—along with Dialectical Behavior Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR)—all of which place a major emphasis on the development of mindfulness skills. It is an empirically-based therapy using acceptance and mindfulness strategies along with commitment and behavior-change strategies to increase psychological flexibility.

ACT is based on relational frame theory (RFT), a comprehensive theory of language and cognition that is an offshoot of behavior analysis. ACT differs from traditional cognitive behavioral therapy (CBT) in that rather than trying to teach people to better control their thoughts, feelings, sensations, memories, and other private events, ACT teaches them to notice and accept them—even previously unwanted ones. ACT helps the individual get in contact with a transcendent sense of self known as “self-as-context”—the self that is always there observing and experiencing but is separate from one’s thoughts, feelings, sensations, and memories. ACT aims to help the people clarify their personal values and take action on them, bringing more vitality and meaning to life and increasing psychological flexibility.

Western psychology has typically operated under the “healthy normality” assumption, which states that by their nature, humans are psychologically healthy. ACT assumes, rather, that the psychological processes of a normal human mind are often destructive. The core conception of ACT is that psychological suffering is usually caused by experiential avoidance, cognitive entanglement, and resulting psychological rigidity. These lead to a failure to take needed behavioral steps in accord with core values. As a simple way to summarize the model, ACT views the core of many problems to be due to the concepts represented in the acronym, FEAR:
• Fusion with your thoughts
• Evaluation (often negative) of experience
• Avoidance of your experience
• Reason-giving for your behavior

And the healthy alternative is to ACT:
• Accept your reactions and be present
• Choose a valued direction
• Take action

**Core Processes and Treatment**
The root goal of ACT is a change in one’s internal self-talk and one’s external behavior. ACT teaches clients to observe themselves having feelings and then accept those feelings, as fighting or avoiding emotions worsens their effect. ACT then focuses on a shift from the content of an experience to the context of an experience. ACT distinguishes between acceptance of things that cannot be changed—like our history—and those that can, such as leaving an abusive relationship.

There are six core processes of ACT:

1. **Cognitive defusion:** Learning to not be so controlled by one’s own thoughts, but rather to recognize thoughts without getting caught up in their content.

2. **Acceptance:** Allowing one’s thoughts and feelings to come and go without struggle and accepting the reality of one’s circumstances.

3. **Contact with the present moment:** Mindful awareness of the present on a moment-to-moment basis.

4. **Self-as-context (observing self):** Learning to access a continuity of consciousness that is unchanging—the “observing mind” or “observing self.”

5. **Values:** Defining what is most important to a person.

6. **Committed action:** Setting goals based on values and committing to them, despite contrary thoughts or emotions that might arise.
A basic ACT treatment using the six processes above might look as follows:

1. **Examine avoidant behaviors.** Clients have often struggled at great length with their problems and frequently enter treatment with a goal of eliminating painful thoughts or emotions. Avoidant behaviors are usually examined first. For example, what does the client do currently to avoid negative thoughts or feelings, or to escape them when they arise?

2. **Examine strategies that have not worked.** In struggling with and focusing on the presenting problem, clients often make the problem appear even worse. ACT helps clients differentiate between unpleasant inner experiences (feelings, thoughts, sensations) and psychological problems. Clients often confuse the two and assume that being healthy means eliminating these negative experiences. The ACT therapist works to challenge this belief by asserting that healthy, normal brains churn out negative feelings and thoughts all throughout the day. In other words, it’s just what the brain does. One’s job, then, is not to eliminate these feelings and thoughts—which is impossible—but to establish a more healthy relationship with them so they do not control or govern one’s actions. *(Cognitive Defusion, Acceptance)*

3. **Identify self-as-context, distinguished from self-in-content.** Similar to many mindfulness practices, clients are taught to get in touch with an observant self that watches and experiences yet is distinct from one’s inner experiences. This is done using a number of experiential mindfulness exercises, both in session and out. *(Contact with the Present Moment, Self-as-Context)*

4. **Determine values and choose goals.** Clients are taught the difference between deeper values (family, health, etc.) and the goals that might help them work towards those values (spend an hour a night exercising with the kids, etc.). Therapists help clients establish the willingness to regain control of life, rather than simply trying to control thoughts and feelings. A great deal of emphasis is placed on defining willingness and helping the client establish it. Clients are taught to take action towards their values, even when they “don’t feel like it.” For example, one may not feel
willing to go to the dentist, but one might willingly go anyway. (Values)

5. **Focus on commitment.** Clients commit to ending the war with their own emotional states. Clients integrate the practices of defusion, mindfulness, and acceptance into their daily lives. Clients continue to move forward on goals that are in line with their values and learn to take action on these goals in spite of sometimes having negative (and normal!) thoughts or feelings.

**Techniques Used in ACT**
ACT therapists are active and engaged in sessions. ACT frequently includes experiential work with the client in the therapy room, as well as “homework” between sessions.

ACT therapists have generated a tremendous number of metaphors for use with clients in explaining the various tenets of ACT, many of which can be found online or in the large number of published ACT guides for therapists. ACT also uses mindfulness strategies derived and adapted from a number of meditative traditions. As used in the therapy room, these strategies are stripped of any religious context and are used solely to help clients make contact with their “observing self” and practice mindfulness in various moments throughout the day.

ACT draws on experiential work guided by therapists in session, including techniques that “physicalize” negative thoughts or feelings, language exercises to help clients disconnect from the content of thoughts, and imaginative experiences led by the therapist (envisioning yourself at your own funeral, seeking wisdom from much older or much younger version of yourself, etc.) to help clients internalize parts of the model and/or define values and goals more clearly.

ACT therapists sometimes use worksheets and written assignments to help clients clarify their deeper values and set goals based on these values. As with CBT, clients might also use worksheets to track their progress and better understand any resistance or setbacks, so the therapist might help them identify problem areas and solutions.
Evidence:

ACT is considered an empirically validated treatment by the American Psychological Association with the status of “Modest Research Support” in depression and “Strong Research Support” in chronic pain. ACT has shown evidence of effectiveness in randomized trials for a variety of problems, including chronic pain, addictions, smoking cessation, depression, anxiety, psychosis, workplace stress, diabetes management, weight management, epilepsy control, self-harm, body dissatisfaction, eating disorders, burn out, and several other areas. ACT has more recently been applied to children and adolescents with good results. ACT has also been proposed for work with couples.

ACT is an actively growing therapy with a large number of clinicians and researchers regularly contributing new exercises and techniques. Though the basic principles and processes remain unchanged, the ACT community is eager for the continued development and innovation clinicians provide. If you are interested in further study, there are a number of helpful books and articles available online. As a still relatively new therapy with a growing research base, ACT is likely to be used in more and more settings as its efficacy becomes known and its popularity increases.


Psychological Flexibility

In this final video in the series, you will see an interesting and varied constellation of clients. First, we meet a mother who is having a terrible time letting go of her adult children, and is quite afraid to become less involved in their lives. In session with a gentle and caring ACT therapist, she comes to some realizations about her own values and sees how she wants to move forward.

We then see another ACT expert working in a “fishbowl” setting with a client experiencing a troubled relationship with her brother. Despite the fact that this client is an ACT therapist herself, she has not been able to work through her difficulties with her brother, but this brief session brings her to some new insights about how she might change the pattern of relating to her brother.
Following this, we watch Steven Hayes in a long and compelling session with a man whose OCD around fear of dirt is ruining his relationship with his family. Hayes first explains the very unique use of exposure in the ACT framework, then negotiates the amount of time the man is willing to tolerate this exposure. Hayes guides him carefully the whole time, keeping him open to his own experience, rather than letting him shut off from it.

And finally, Hayes works with a client who is disappointed in him as a therapist, and not making much progress in her therapy. You’ll learn how ACT incorporates relational work and addresses transference issues while maintaining integrity with the model.
Discussion Questions
Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

1. **Mixing ACT Processes in Treatment:** What are your opinions of the imagery work the therapist does in the very first moments with her client? How would you compare and contrast this therapist from Hayes and others you’ve seen on the previous videos (if applicable)?

2. **Use of ACT Techniques:** What do you notice about how the therapist works on the client’s values? How she handles and reframes the client’s fears around loneliness? Are there any different techniques you might have used or tried with this client?

3. **ACT as a Brief Intervention Model:** What are your initial thoughts on Strosahl’s style with his client, Maggie? Any opinions on his style versus other therapists you have seen so far? What do you think of his emphasis on behavioral change over insight and understanding? What worked or didn’t work for you in this session?

4. **First and Second Order Struggles:** What are your opinions on Hayes’ commentary about first- versus second-order struggles (or judgments, in this case)? What do you think he means when he talks about acceptance as “true” acceptance, rather than a trick to get oneself to feel (or not feel) a certain way? Can you think of possible examples of this?

5. **Exposure:** Do you understand the distinction Hayes makes between the ACT model versus using exposure to reduce reaction to a stimuli, as other models do? How might you explain ACT’s use of exposure to another person, in your own words?

6. **Limits on Willingness:** Do you understand the distinction Hayes makes regarding limits to willingness? Does it make sense to you that a client might limit the amount of time they are willing to be exposed to something, but cannot succeed if they instead limit the quality of their willingness? (For example, “I will tolerate this as long as my discomfort stays below a 6.”)
7. **Touching the Dirt:** What are your thoughts on the long exposure sequence Hayes does with his client around touching the dirt? How does this exposure differ from other examples of exposure you might have seen in the past? What ways does Hayes keep his client in touch with his experience that you might find compelling or useful?

8. **ACT Applied to the Therapeutic Relationship:** As a challenge to yourself, can you do the “activity” Hayes mentions in his commentary, and see where you might place each of his statements/interventions with his client onto the ACT Hexaflex model? What do you learn watching Hayes try to bring his client into the present moment and into her feelings?

9. **Relational Interventions:** What are your thoughts on the specific ways he does moment-to-moment relational work with her? Would your relational interventions be similar or different? This client struggles a great deal with staying connected to her emotions, or to what is happening interpersonally in the work. What other ways might you work with a client like this, and have you been successful with clients such as this in the past? What do you believe to be useful about Hayes’ specific interventions?

10. **Personal Reaction:** How would you feel about any of the therapists seen here as your therapist? Which of them might be most effective with you, and what about their style influences your answer? How would you feel about having an ACT therapist in general, from what you’ve seen so far? Do you think an ACT therapist could build a solid therapeutic alliance with you? Why or why not?
Role Plays

After watching the video, divide class into groups of two, consisting of one therapist and one client. After each role-play, have the pair debrief with one another, then switch roles and do the role-play again in the opposite position. Let participants debrief again in their pairs, then come back to share insights and experiences with the whole group. These role-plays can also be done in groups of three, with one person acting as observer and offering their insights, then rotating into one of the active roles. You may also do role-plays in a fishbowl environment, with a pair working in front of the class, and the class offering feedback at the end, or suggestions to the therapist during the role-play itself.

The students or trainees may do one or more of the following role-plays:

1. Have one participant act as a client with a specific phobia. Have the therapist then negotiate exposure time with the client, as Steven Hayes does with his client in the video. The therapist should remember to include values work, and explain the difference between limiting the amount of time one is willing to be exposed, versus limiting exposure based on feelings (ie: “I will only do this if my anxiety doesn’t go too high!” is not appropriate for ACT). Have therapist remind client that the goal is to feel the feelings related to exposure rather than “power through them” or distract. This session is only about negotiating—the full exposure does not need to be included.

2. Have one participant role play a client with a specific phobia, going through the actual exposure process. In this role play, the therapist should continually refocus the client on openly feeling and making room for everything that is coming up (sensations, thoughts, feelings, etc.). Clients may challenge therapists by doing “normal” things such as saying, “I just won’t think about it…I’ll just think about something else,” etc. The therapist must continue to return to the ACT principles and the values underlying the client’s work.
3. After watching Hayes doing relational work with the final client in the video, have the client present very specific relational issues that the therapist must address in session, while still staying true to the ACT model. Clients can bring up any transference issue for the therapist to address, such as “I really like you/I really hate you/You’ve helped so much/You haven’t helped at all,” etc.
Reaction Paper for Classes and Training

Video: ACCEPTANCE AND COMMITMENT THERAPY: PSYCHOLOGICAL FLEXIBILITY

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.

- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about the ACT approach? What stands out to you about how ACT therapy works?

2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4. **How I would do it differently:** What might you do differently from Hayes when working with clients? Be specific about what different approaches, interventions and techniques you would apply.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy sessions with the ACT therapists? Other comments, thoughts or feelings?
Related Websites, Videos and Further Reading

WEB RESOURCES

“Acceptance and Commitment Therapy: Model, processes and outcomes” (article by Hayes, et al)

http://institutoact.es/descargas/b04/b043.pdf

Association for Contextual Behavioral Science

http://contextualscience.org/act

Steven Hayes

http://www.stevenchayes.com/

Act Mindfully Training in Acceptance and Commitment Therapy


“Embracing Your Demons: An Overview of Acceptance and Commitment Therapy” (article by Russell Harris)

http://tinyurl.com/ctnb2rn

Goodtherapy.org

http://www.goodtherapy.org/Acceptance_Commitment_Therapy.html

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

ACT in Action (6 Video Series)

Existential-Humanistic Psychotherapy with James Bugental, PhD

Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD

Dialectical Behavior Therapy with Marsha Linehan, PhD

Mindfulness for Life: An Interview with Jon Kabat-Zinn, PhD
RECOMMENDED READINGS


Complete Transcript

Hayes: Welcome to ACT in Action, the six DVD series on Acceptance and Commitment Therapy. Acceptance and Commitment Therapy is an empirically supported psychological intervention that uses acceptance and mindfulness processes and commitment behavior change processes to produce psychological flexibility. My name is Steve Hayes and I’m going to be host for the series.

In the program that follows, we’re going to walk you through some of the major methods and techniques of ACT and try to show you how you can apply these directly to your clinical practice. ACT is a model and not just a set of specific methods or techniques. And in order to get on top of this model, you’re going to have to access more than just this DVD series. So I caution you not simply to try to apply these techniques directly without further reading or training. But these videos will help you fill in the blanks and show you how to move from a conceptual understanding to an actual application of ACT in work with those who suffer.

You’re going to see in this DVD series a number of different therapists with different styles. We’ve done this on purpose to show you the different ways that this model can fit into your clinical practice and your clinical style. I encourage you to look at all of the DVDs to see the entire package so that you can explore this territory and see what might work best for you in your clinical work.

I do want to acknowledge that at times what you’ll see here might seem a little artificial. In the interests of training, at times we’re going to show you relatively constrained interactions that are deliberately depicting only specific techniques when other techniques might apply. At other times, you’ll be shown a more natural interaction style. It’s only when you see the entire package that you’ll be able to take full advantage of what’s in this DVD series.

So welcome. I hope this is of use to you. And if it is, we invite you to be part of this work, bringing your own best ideas to the open development community that we’ve tried to create. Please let us know how we can best help you use this material to help you in your clinical work.
In this final DVD in the ACT in Action series, we will focus on psychological flexibility, which is the ability as a conscious human being to make contact with our experiences in the present moment fully and without defense, as they are, not as what they say they are. And based on what the situation affords, either persisting or changing in behavior in the service of our chosen values.

We’re going to see that on this DVD and a couple of examples of different ways that you can integrate ACT processes into the normal back and forth of therapy. ACT can be done from many different styles and in many different contexts. And it’s helpful to see a few examples of that range.

In this next segment we’re going to watch Robin Walser work. Robin is a leading ACT trainer, clinician, and researcher who has a characteristic style that we’ll be able to see in this next extended segment. She’s working with a client who has had her children grow and leave home but she’s still over-involved with them. She’s afraid for them. She feels as though nobody else can do it as well as she can.

And so, even though her children are in their thirties, she has a hard time letting go of her fear that serious issues will come up. And because she’s not right on top of it, they will be harmed. In this initial segment, Robin’s going to try to begin to explore to the problem.

**Walser:** What if that’s the case that sometimes you can’t be there, if they’re going to build their own safety nets?

**Marian:** If you had asked me that 12 months ago, two years ago, I would have been, well I have to be there. Otherwise they could fall and stumble and hurt themselves. And having done a bit of work on myself, I realize now that I can see that I’ve been too much of a safety net, like the safety net has been far too big. And that they have remained stagnant, because I’ve taken up the slack for them. And—

**Walser:** What shows up when you contact that?

**Marian:** Well there’s a lot of sadness in there. There’s deep, deep, deep sadness in there that the way that I thought was the preferable way to go—that you think you’re doing everything for your children as they’re growing up—Now all of a sudden they’re in their thirties,
they’re not babies anymore, but I’m having difficulty letting go of that. That’s where I think I am right now. It’s like I have to let them fall. And I am trying to do something about that. And stand back and just let them experience. That’s kind of working a lot better now. But it’s like cutting the umbilical—the final cut of the umbilical cord. Like even now when I think about cutting it completely, it’s like ughh. It’s quite deep in there.

**Walser:** Can you put an image with that emotion? Is there some image that comes with it?

**Marian:** It’s quite sharp. It’s pointed and red. Yeah.

**Walser:** And if you set it out here in front of us, what would be your first reaction to it?

**Marian:** Well, wanting to take it from inside to out, it’s like if I put it out there, it’s no longer—if I put it out there, that could be the final cutting of the umbilical cord. That’s difficult. When you say that, that felt really quite difficult for me to take it from inside me to put it out there. And just leave it and suspend it. It’s still hurting in there, knowing that I have to do it.

**Walser:** Well, what if it’s the case that so you’ve brought it out there and your first reaction is like, wow that’s even more of cutting the umbilical cord.

**Marian:** Yeah.

**Walser:** It’s like I wouldn’t feel these intense experiences if I let my children go like this. And there’s something about that that feels very connected and important.

**Marian:** Mm.

**Walser:** Like it’s like your figurative umbilical cord to them.

**Marian:** It is. Yeah. That’s right. I guess one of my deep core values is about being a really good parent because they’ve only got one.

**Walser:** Would you be willing to bring this in and hold it, but in a loving way? As if this is a child too. Create a safety net for it. And do the action.
**Marian:** Mm. So already when you said that, there was a pain in there. And even though in here I’m saying to myself, I have to let go, doing that emotionally is really very difficult. And I didn’t think it was going to be this difficult when I agreed to do this with you. But this is where I’m at right now. There they are, my son and my daughter.

**Walser:** And there’s just this pain.

**Marian:** Yeah. And then there’s that pain in there. And what if I completely cut it? What would happen if I wasn’t there?

**Walser:** What do you imagine would happen?

**Marian:** I think they’d probably do a damn sight better and I think they’d get on with what they have to do. What I can say is that I think that I keep pulling them back in to here as well or to in there.

**Walser:** So it’s not only a cut this way. It’s a cut this way too.

**Marian:** Yeah. Yeah. Maybe it is. So part of me kind of lets go a bit. Two steps forward, one step back. Two steps forward.

**Commentary:** In this next segment, Robin is going to begin to dig into what is another level down from what she has been saying to what is actually being avoided here. This is really an ACT model of psychological flexibility being applied in real time. You can see her use different elements to get that work to happen. She’s going to make a plausible guess about what’s going on. And she’s going to chase it. So let’s see how it turns out.

**Walser:** What piece of this are you not wanting to feel? This pain that you’ve been feeling for awhile in this process or the pain of your children not needing you as much anymore.

**Marian:** I think it’s the pain of not being able to let go. I can see that they don’t need me as much anymore.

**Walser:** Is there some space here where letting go means you being alone?

**Marian:** Yeah. Well, yeah. And I’ve never actually lived alone. I’ve always had one of them, my son or my daughter, or other people coming in and out of the house that have been younger people like students and things. Just people that have been in need that haven’t
had anywhere else to go so it’s like being this open household that people have come in and out. And I would feed them and provide them with a safe haven.

The house has always been a safe haven for anybody that I really care about. I think it’s about, well, when I cut that cord, well what happens then? And not just from my son and daughter’s point of view. It’s like cutting my own cord. Gee, there will be nobody in the house.

**Walser:** No one there.

**Marian:** No one there that needs me, nobody for me to have to—simple things like filling the fridge up with food that is so important for me. And having a pleasant environment to live in that I think is really important in some way for people to feel invited, warm, loving, and cared for.

**Walser:** And so in that lonely space, it feels like that can’t happen.

**Marian:** I don’t know. I haven’t experienced it before.

**Walser:** So now there’s another fear, like the unknown.

**Marian:** Yeah, it’s like what’s it going to be like if there’s nobody there? That’s the next big step.

**Walser:** So I can see several places here where we can bring in some willingness to feel with the sharp, fiery thing, the sense of cutting both ways. And that pain that comes along with that that you talked about right here. And then there’s this piece that’s about commitment and compassion for you. Like, it’s a safe haven for everyone.

And I want to make a space where it can be a safe haven for you. Where the fridge is filled for you. Where the place is kept the way it is for you.

**Marian:** Mm.

**Walser:** In service of doing some of this other value building, your career building your life, traveling and not having to rush home.

**Marian:** Mm. And not having to contact people all the time to make sure they’re OK. Like coming to London was like, don’t go on the tube. Don’t go on the tube. Well, I have to go on the tube. It’s perfectly OK.
So when I go away, they worry me, something happening to me. And I go, don’t worry about it. We all aren’t going to go on the tube. I get phone calls that say, don’t go on the tube.

**Walser:** So there’s almost a way in which like you living out your value can help them live. There’s like this fear based place here. Right? Where you’re responding to them and they’re responding to you.

**Marian:** Yeah. I think that’s it.

**Walser:** But I know that your value is about love and compassion, adventure.

**Marian:** Mm. Absolutely. That’s what my life is. Love, compassion, and adventure. And making sure everybody else is OK. And now it’s time for me. After all these years of laying those foundation blocks. I say to myself, it’s time for me. I don’t know whether I actually believe it.

**Walser:** Do you have to believe it to do it?

**Marian:** No, of course not. You don’t have to believe it to do it.

**Walser:** So holding this fear. Holding the sharpie thing, the main thing, willingness to have that. And then do those things that are about being the parent that you want to be. Not the safety parent that’s created the thing that you didn’t want. But the parent that helps create the thing that you do want for your children, like adventurous, compassionate people. Right?

**Marian:** Yeah.

**Walser:** I think I hear that in there. Is that what I’m hearing?

**Marian:** Yeah. I’d like them to be able to experience some of those things that I experience. And yet, they for some reason, that’s not what they’re about.

**Walser:** Yeah.

**Marian:** I find that extraordinary.

**Walser:** Yeah.

**Marian:** But that’s the way they are.
Walser: And you can kind of see how that might unfold across the years if fear is in there.

Marian: Yeah. So in a way, they’re fearful of losing me and I’m fearful of losing them. And the reality is, I did have a life-threatening illness a few years ago. So they could have lost me. So I guess that that’s kind of hanging around there.

Walser: You do?

Marian: Yeah, absolutely.

Walser: So will this fear dictate your future and theirs? Or will this adventure be the thing that you gravitate to and get in line with?

Marian: Well, the fear—

Walser: Realistically or not.

Marian: The fear’s never ever stopped me from going out and being adventurous and taking risks with growing my professional world and educating myself and that sort of thing. But it’s what happens along the way—there’s always that light bulb that goes on. I have to make sure they’re OK. I have to make sure they’re OK. There’s nobody else there to do it. So that’s kind of what hooks me back in.

Commentary: Robin is going to move from the personal costs of the pattern the client has been engaging in to a choice to move ahead in a different way. It’s worth noticing that the client is going to undermine that choice quality more than once. Robin lets it pass the first time but then focuses on it, pushing for a real choice that has a chance to really make a difference in the client’s life.

Walser: The high cost feels like either it’s in the loneliness. And you’ll have to check that place and see if that’s where the high cost is and if that’s what’s being avoided, pushed away. And if there’s some way that you can make a safe haven for that. And then do the values work that’s there to be done. Cutting the umbilical cord. Doesn’t mean you don’t contact them anymore.

Marian: Sure.

Walser: Or that you’re not curious about their lives or that your home doesn’t remain a safe haven for them.
Marian: No, it would always be there in some form.

Walser: But the cost to it in whatever way.

Marian: Well the cost is for me being retarded in a way from where I want to go. That’s what the cost is. And I’ve got one of these—my personality is always looking for something else that I can do that is going to be fun and exciting and achieving and—

Walser: So I want to bring this even back again to the loneliness and being alone. It seems like this space where there’s some very good work to do around finding a place where the feeling of loneliness is another piece on your board that you can hold.

Marian: Yeah, well—

Walser: And not run yourself into the ground on your adventure.

Marian: Just being with the loneliness. If it will, it may not happen—but I think it will happen. I think that’s what I’ve been avoiding. I really do think.

Walser: So you’ve got to take care of your kids. And you’ve got after adventure. And so what keeps showing up here is like, if I let go of any of this or if I let go of any of this, then it’s just me.

Marian: Uh-huh.

Walser: And the place that I want to find a safe haven for is that—just you, 100% acceptable.

Marian: Mm. See, as you say that, it’s a really hard core for me. As you say that and you think 100% me. It’s never happened. I mean on the surface it would appear that it’s 100% me. Because I’m this independent out there type woman. That’s not it.

Walser: So would you be willing to explore this piece?

Marian: The 100% me. I think I have to. I am willing. I don’t quite know how I’m going to go about it. Or what’s it going to be like.

Walser: It may mean not so much adventure or sticking with something. It may mean children move out of your home. And it may mean a number of things, but experimenting and finding that place where sitting with what shows up when you’re by yourself. And seeing
what’s there. And if that’s interfering and keeping you in anything that’s costly for you, in terms of your values.

Marian: I actually quite enjoy being alone. However, I’ve never actually—I mean, there’s a difference between having alone time and being peaceful and mindful and just sitting quietly, which I have no problem with at all. But just broaden it out a bit to the alone as in, there’ll be nobody in the house when I get home, totally different. I have not experienced that.

Walser: Would you be willing to do it if it—

Marian: I think I have to.

Walser: Now you don’t have to do it.

Marian: I’d like to. Yeah. I’d like to. It’s another one of those take a deep breath. And even when I took that deep breath, there was some pain there. But it’s like, take the deep breath, Marian. Just, just see.

Walser: Jump.

Marian: Absolutely, just—and even as you say jump—I had difficulty saying that word. But it is lots of—I think it’s more than one umbilical cord that has to be cut in several directions.

Walser: So a lot of what will be happening is working with being willing to have what shows up as you make those cuts.

Marian: I think so. I think so.

Commentary: One of the reasons that I wanted to put that segment on this particular DVD is that you can see this process of moving moment by moment in the therapeutic interaction itself through different ACT processes. Trying to help the client become disengaged in the places where the client is stuck and motivated and empowered in the places that would move the client forward. That’s a process of psychological flexibility and not just for the client, but also for the therapist. Because the therapist has to be able to master all of these elements of the ACT model so that they can be applied in the moment when they’re most needed, as opposed to being applied in some set fashion, some predetermined fashion that may or may not fit what the client needs or could benefit from in the particular moment. That
does take a while to master. And it’s fine to start with a particular protocol. And in fact, some segments of these DVDs have had exactly that feel to them. But ultimately you want to get to a place that fits your natural style that can be done without having to go through some kind of rigid pattern but instead would allow you to respond to the possibilities that are afforded in the moment, yet within a consistent ACT approach.

In this next segment, we’re going to look at Kirk Strahsoul, who was an author on the 1999 ACT book and really has become a master of applying this model to very, very short courses of treatment. Kirk is particularly well known for his work in primary care integration. And in a primary care focused model your sessions may not be 50 minutes. They may be 20 minutes or 30 minutes. And you may have a very few number of them. Perhaps two or three or maybe even one. So he’s evolved a model that has a slight psychoeducational feel to it, that has a bit of a traditional CBT feel to it, and yet it’s recognizably ACT. All of the elements we’ve talked about already in this whole DVD series can be seen even in a 15 or 20 minute interaction. So we’re going to walk through that here with Maggie.

Maggie is working on difficulties in her relationship with her brother who’s a disabled veteran, who she’s concerned about because of his smoking and his physical health. He’s not particularly open to this feedback from his sister. And she gets angry and judgmental as a result. That’s disturbing to her, her brother, and to the whole family. And she’s looking to see if there’s a more flexible and effective way that she can interact with her brother despite her concerns. So let’s watch Kirk walk through this ultra brief style in which all of these ACT processes will be presented in a very, very brief therapeutic interaction.

Strosahl: Also has like high cholesterol and—

Maggie: Yeah, I mean I’m afraid he’s moving on the path towards diabetes and that kind of thing. And I’ve tried to talk to him about it. But I just can’t get over my judgment of him and I think his unwillingness to go into therapy and all of these things—I think would be great—are really problematic for our relationship.
Strosahl: So other than your caring about him a lot obviously, and this is real important, that you value his being your brother. You want to be a good sister, it sounds like. Try to help him avoid making mistakes. How does this get destructive? What does it look like when you push into that?

Maggie: It looks like really uncomfortable times with my family. There’s a lot of tension when all of us get together. And when he and I get together, we can only spend very short periods of time together and then—for it not to escalate into something bigger. And so I kind of dread hanging out with my other brother when he’s around. And I kind of dread these longer periods of time.

And it’s emotionally very—I mean, he’s a very push- and- pull kind of emotional person too, because of the drinking and I think the other things. So it’s emotionally difficult for me to kind of be open to him in whatever mood he’s going to be in.

Strosahl: So does he sort of invite you to engage with them about this and then—

Maggie: No.

Strosahl: —push away? Or do you get in front of him and see him engaging in these behaviors and then you can’t keep your mouth shut.

Maggie: Yeah. It’s more like that.

Strosahl: And what kind of things do you say? I mean when he starts drinking and eating a lot of fat and putting extra butter on his potatoes. And—

Maggie: And smoking all the time.

Strosahl: And smoking like a chimney probably.

Maggie: Yup.

Strosahl: What do you say?

Maggie: Well, I mean, I don’t say as much anymore. I used to make these snide comments about that. But what I really do is these non-verbal kind of—

Strosahl: Harrumphing is what I call it.
Maggie: Harrumphing is a good word for it and just looking at him in a very disdainful way. And I catch myself—well, I don’t even catch myself doing it. I notice that I’m doing it and I physically can’t stop myself from relating this judgment to him.

Strosahl: OK. And when you’re in the middle of doing that, what are the feelings that go along with that. When you’re getting harrumphing and disdainful. What shows up with the evaluation?

Maggie: I think there’s a sense of self righteousness. I feel like I know better because I have all this information about this. And I lead a healthier life and so I feel like he should too. And then there’s also—and I think this is the thing that’s stickier for me—this sense of pride that I have. For some reason, that keeps me from being able to really move into this acceptance space with him and be able to approach him nonjudgmentally. And I’m not sure what that’s about.

But it’s almost like if I am able to do that, then somehow it’s going to cost me something to be open and accepting to him. And I don’t know if that’s because I feel like then if something bad happens to him, I’ll feel responsible because I didn’t do anything. Or if I feel like—I mean, I’m not sure what that’s about. But I think that’s the main thing that gets in my way.

Strosahl: OK so one thing that shows up is, I’m right and he’s wrong.

Maggie: Yeah.

Strosahl: And what’s—why would that be important here? You being right and him being wrong?

Maggie: Um—

Strosahl: I’m not asking—let me rephrase that. It’s not challenging you, why would you think about right and wrong. But what is important about being right or being wrong in this situation?

Maggie: I don’t really know. Because I mean I understand the harm that it does for me to maintain that needing to be right with him. So I’m not sure what maintains it. I think that’s what I really struggle with. Like I don’t know why I need to constantly be right. Like what it’s really—it actually makes me feel worse in the long term to do that.
Strosahl: Right. And actually the way you described your interaction is the harder you try to be right, the wronger he makes you.

Maggie: Uh huh. And I mean, I’m a former smoker myself. And so I know that when people are like, it just makes you want to smoke more. I even know this from a very personal point of view. I don’t know why I can’t just kind of let it be.

Strosahl: So what kind of feelings go along for the ride when you’re in this space of right and wrong?

Maggie: You know what does show up is I feel like he should maybe appreciate me more. So maybe there’s a sense of like, if I am just this totally open and accepting person, and he doesn’t give me any more sort of love or affection for that or responses. Maybe I want that. And I know that I’m not going to get that if I let go. I don’t know. I mean, I’m not really sure what’s happening.

Strosahl: So you feel like he’s kind of rejecting you a little bit.

Maggie: Yeah, we’ll he’s pretty wrapped up in his own world and he doesn’t have much for other people anyway. And I understand that. But it still kind of hurts that he doesn’t. Maybe what it is is that I feel like, well, if I’m going to invest this much of my own energy in just accepting him, which of course I’m moving towards the end place, where it’s effortless. It’s not really an effort. But if I’m moving to that place then maybe then I’m absolving him of responsibility in the relationship too. I’m not sure. I get very confused with this. I’m not sure what’s going on.

Strosahl: Yeah, sounds like there’s a lot of reasons and analysis floating around about what is and what isn’t. And should I move in this direction? Should I move in that direction? And when you mentioned that you’ve had some experience in trying to accept this, what do you mean by that? What’s been your experience with—?

Maggie: What I mean is sort of not judging him for the choices that he’s making. And not trying to judge those choices. And not taking on responsibility if he makes a bad choice because I feel like I do have that sense of responsibility also.

Strosahl: So it’s actually like you’re trying to prevent yourself from
making a judgment as opposed to accepting the fact that you have judgments about this.

Maggie: Yeah.

Strosahl: And they’re your judgments.

Maggie: Yeah, because those judgments feel really uncomfortable.

Commentary: You can probably see that Kirk thinks that he has his finger on perhaps one of the pivotal points in the struggle, which is her judgment about her judgment. Clients who’ve done some mindfulness work, acceptance work, or maybe who’ve read about ACT and tried to apply it seem often to stumble into these second order struggles. They can be as much a struggle as the first order struggles that we’ve generally been looking at in the other parts of the DVD series. This person is applying acceptance but doing so in a struggling way. And Kirk in a very simple, very direct way is going to try to undermine exactly that.

Strosahl: So underneath the judgments is a sense that you’re actually somehow failing, you’re wrong by making the judgments.

Maggie: Yeah, like I’m a bad person for being judgmental—

Strosahl: You shouldn’t be engaging in the behavior that every human engages in when confronted with destructive behavior in somebody that they love.

Maggie: I guess I feel like because I’m in the field that I’m in, I should know better. I think there’s that thing too about it.

Strosahl: OK.

Maggie: But yes, basically that’s it.

Strosahl: I’m a mental health professional. I should be able to stop making judgments.

Maggie: Yes. I mean in this circumstance—

Strosahl: When people I love are doing self-destructive things.

Maggie: Yeah. It sounds silly when you say it.

Strosahl: So have you been able to do that?
Maggie: No.

Strosahl: OK. It sounds like the more you’ve tried not to do that, the more compelling those judgments seem to get. Then you almost get into the harrumphy state where you might—I’m wondering if that’s as much frustration of me not being able to stop myself from making judgments as opposed to the actual content of judgments.

Maggie: Yeah. Yeah I could see that. Definitely.

Strosahl: So there might be another way to think about what you could do in acceptance, if you were thinking acceptance—it’s not a trick to get you out of making judgments, because that’s what your brain does. Right?

Maggie: Uh huh.

Strosahl: But would it be possible to simply observe the fact that you have these judgments as judgments, that the things that you hold? And at the same time relate to your brother in the way—we’re going to talk about this in a second—in the way you would like to relate as a person who’s in a state of acceptance. Not as a trick.

Maggie: Right.

Strosahl: But as a real live—yeah, I’m carrying around the judgment that you are an idiot for smoking. You are an idiot for not taking care of this and what would you want to stand for in terms of your role as a sister with that present?

Maggie: That’s the tricky thing when I was thinking about doing this. I don’t know what I want our relationship to look like. I think what I would like it to look like is to have a relationship where I feel like I’m getting something back from him. And that’s really probably not going to happen even if I am open with him. I mean, it could. But—

Strosahl: He’s impaired. He’s probably got a disorder of some kind or another.

Maggie: Yeah. I think so.

Strosahl: He’s an alcoholic.

Maggie: At least, yeah.
**Strosahl:** So, this will put further constraints on going into it to get something out of it, other than putting into it as something that is important to you without expectation.

**Maggie:** I think that’s what it is, yeah. Because I think I think about acceptance with this contingency on it. But that’s not really acceptance.

**Strosahl:** If I were really accepting he’d give me something back.

**Maggie:** No, if I was really accepting, I wouldn’t expect him to give me something back. But I feel like, it’s like being willing to have it with the idea that you really want to get rid of the thing you want to get rid of. There’s not really—

**Strosahl:** OK.

**Maggie:** I feel like I can’t quite get over that.

**Strosahl:** So another thing you’re going to have to be willing to accept and allow in the room is, and I’m probably also going to have a thought called I’m expecting something back here. Not carried as a belief or conviction, but yeah I’m likely to have that thought.

**Maggie:** Uh huh. Oh, that thought?

**Strosahl:** That thought. Yeah. Because that just goes along for the ride, I’m guessing, with these other ones.

**Maggie:** And I think that’s kind of the hot one, that I feel like blocks me. Because I know that I’m not likely to get anything back. And so I think that, well, he’s not going to give me that thing. So kind of screw him. This isn’t worth it. And I get very emotionally triggered when I see him doing this kind of thing.

**Strosahl:** So you know you can’t control how he is. Right? You understand. Right, that’s something that you really are going to have to accept at a certain level. That doesn’t mean roll over and say, hey let me go out and buy you a couple cartons of cigarettes. So we can get together and blow a few—but it is—I’m going to have to accept the fact that he is not something that I can control.

**Maggie:** Uh huh.
Strosahl: And the more I get into evaluation and controlling him through those evaluations and getting him to believe in the same evaluations I believe in, the more messed up this relationship is getting. Such that I’m getting probably even less than I would if I just let him alone. I mean, he may be broken but he may have a little bit of human being around.

Maggie: I know that it hurts him when I do this.

Strosahl: And I know it hurts you.

Maggie: Yeah.

Strosahl: Drives a dagger in your heart a little bit.

Commentary: Having worked on the psychological barrier, Kirk comes back to the underlying value and what might be done very concretely with it. If you ever doubted for a moment that ACT is a behavior therapy, this segment will undermine that. ACT is a behavior therapy. And the bottom line in ACT is always going to be whatever commitment and behavior change processes best fit the actual problem that the client has come in with. I know of no behavior change strategies that are empirically supported that can’t be integrated into an ACT model. In fact, it’s part of the ACT model to do that. So let’s watch Kirk cut to the chase.

Strosahl: So let’s talk about how that might look different. When are you going to see him again?

Maggie: He lives in the same area that I do, so probably when I get home, a couple weeks.

Strosahl: OK so this is going to happen pretty soon.

Maggie: Probably. Yeah.

Strosahl: OK. And we’ve talked about this whole sequence that you go through. It’s very frustrating. And then it hurts you and it hurts him and it really doesn’t promote what you want to see happen in your relationship. Right? And what’s gotten confused here is you’re blending into the relationship the outcome you would like to see in his life, if you know what I mean. Such that when you get entangled, the relationship is getting buried because of the frustration about not
being able to control these processes.

Right? So let’s just talk about what you might be willing to do because this is all going to show up in your behavior. And in some senses, you pretty much know what’s going to show up in your head because you’ve been practicing it a lot. Right?

Maggie: Yeah.

Strosahl: So let’s talk about what would show up in your behavior that might be different. If you did it, it would tell you maybe I’m not through this whole thing. I’m not at peace with God and the Buddha and everybody else about this. But I did do something different in this sequence that pulled me. I was starting to approach this differently. If you thought about it that way, could be a single act.

Maggie: It’s funny, even as you say that, I feel like nervous about even trying something like that which is interesting.

Strosahl: And I’m not suggesting you try the whole thing right? Becoming a little she Buddha and being able to look at all this but just—It could be an act or a non-action that if I did it, it would definitely represent a difference for me in how I’m approaching the situation. Even though he might not even see it. But it would tell me that I was making an important little step.

Maggie: Yeah. I think one of the things that I could do would be to just physically be more open to him. I don’t even know that I’m doing this. I’ve have had friends comment on it. I’m usually pretty open physically, an affectionate kind of person. But when I get around him, I close off and when he hugs me, I stiffen up. And these are things that I didn’t even notice, until a friend had pointed them out to me. So I think maybe kind of relaxing my body when I’m with him and just being mindful of my own—

Strosahl: Your posture.

Maggie: My own posture and the way that I’m physically interacting with him. Something like that I think would make a difference.

Strosahl: So it’s not a test, again, to be, man, people came up and said I look completely different than I’d ever looked before. But it’s
sort of like being mindful of your posture. How would you like to change that? Would it be sitting different? Would it be facing him in a different way?

**Maggie:** I wish I could change my eyes. Eyes are so telling.

**Strosahl:** Not rolling your eyes.

**Maggie:** Not rolling my eyes would be a big thing. But also really seeing him. Because he’ll often put his arm around me or something. And I think that’s when I kind of stiffen up. So when that happens, just kind of relaxing, or when he hugs me, like really giving him a hug back instead of kind of shrinking away from it a little bit. I do notice that I do that, especially when he’s been smoking and drinking and he smells like that. I’m just like, ugh. So just being able to relax into those kind of physical things that we interact. And facing him and really talking to him, which is tough for me especially when he’s drinking or smoking. And usually he’ll say, oh come with me to the bar or whatever if I’m in town. So that’s usually the environment that I—he’s on his way to the bar or at the bar. Sort of like if I want to see him, that’s usually the environment that I see him in. Just being in that environment makes me tense. So maybe before even going in there taking a few deep breaths and bracing myself for—and just being myself—bracing myself maybe isn’t the right word. Kind of making myself aware of the fact that I want to be mindful of my posture before I go in.

**Strosahl:** Yes. Posture is a symbol of how tight you feel. I think it’s kind of interesting you just said, he’ll come and hug me, he’ll come and do these things. And a couple minutes ago, we were talking about getting nothing—

**Maggie:** I know.

**Strosahl:** —out of this relationship. So I think what that tells you is this sort of subtle evaluations and your frustrations and confusing the control you have over him with him with what you want to be about may even be denying you things that he is trying to give you. Even if he’s doing it in a drunken state or he smells of smoke, you’re stiffening. So I think it’s really a good first step. And again it’s not a test, can you
get through all night without stiffening or eyeball rolling. But I think being willing to say, this is kind of an emotional posture. And I am going to have my evaluations. And my mind’s going to be racing. And I want to be right. Everybody wants to be right. Who doesn’t want to be right? And if I start noticing I’m attaching to that, if I went back to my body position it would probably be a little way to break—

Maggie: Yeah.

Strosahl: The hold that stuff has on me that gets me so scared about what’s going on. And makes me unable to be the sister I want to be. Right? And really, you don’t know what you’ll get from him in return. This is kind of done with volunteering yourself into the situation. And that’s why I think it’s not important to do everything exactly right. It’s just to notice, I did this a little bit different here.

Maggie: I think I could do that. I think that’s small enough that it doesn’t seem too overwhelming. Even though I feel a little nervous about it. But I think it would be OK.

Strosahl: Let me ask you this. On a scale of one to ten on confidence, where one is, I’m not confident I’m going to do this to ten, this is a lock, It’s going to happen, what I just described I was going to do. Where would you put yourself on that scale?

Maggie: I think I would put myself pretty high up there. Like an eight or nine. I think maybe closer to a nine.

Strosahl: OK. So you’re pretty confident that this is something that is within your grasp and if you did it, it would signal that you were starting to stand on the ground that you want to stand on, with respect to what you want to be about as a sister.

Maggie: Yeah. Yeah. I think so.

Strosahl: Good. Make it so.

Maggie: All right. Go forth and conquer.

Strosahl: Thank you.

Maggie: Thank you.

Commentary: This particular client here in the role play is an ACT
therapist. This was done as part of a workshop as I’m sure you can tell. She has some interesting reactions to what it was like to actually be in the other role and to work on some material from the other side of the two chairs. So I thought I would show a little bit of the debriefing process that followed this exercise in the workshop.

Maggie: It’s little difficult to separate the anxiety from being filmed and what I was feeling from the intervention. I think it was one of those things like, why couldn’t I apply these ACT principles to this? And I’ve been trying. I think it was interesting how skillfully you presented a couple of choice points where it could kind of flow more easily. It felt really good.

And like you were really supporting my own autonomy in making decisions and really taking the time to hear where I really was with it. And like explore the values that I had around this difficult issue. And validating the fact that it was this really difficult issue. And I shouldn’t be as hard as maybe I am sometimes. So that felt nice.

Strosahl: So given the history and depth of how much you care about this, did this dipping into one leverage point feel productive. Does it feel—

Maggie: Uh huh. It felt really productive actually. Like I really do feel like I could go home and—and I will actually go home and change that. Even though this was like two years ago that this person commented on my posture with my brother and I haven’t done anything about it.

But actually I feel now that I’ve made a commitment to do it that I’ll probably do it. And now that it’s in my head, it seems like a doable thing. Because in the context of all the things I could possibly do to be accepting of him, like this is just one piece that I think will—whether he notices or not—have an impact on the way I approach it. So it did feel really helpful.

Commentary: ACT is commonly said to be an exposure based therapy. And in fact that’s right. But our model of what exposure is is different than what’s sometimes out there. Frankly, we think it’s a model that’s better supported both by the animal and human basic
literature. Exposure from an exact point of view is not simply about reducing some conditioned emotional response.

Exposure is about establishing flexibility in the presence of a feared object or situation. In order to do exposure of that kind, the other elements of the ACT model are critical because you have to be able to look at your thoughts in a defused way and open up your emotions in an accepting way in order to step into the situations that occasion those difficult thoughts, feelings, memories, and bodily sensations.

From an ACT point of view, all that is done is linked to values. So when we’re doing exposure in ACT, we’re also going to do it as a kind of willingness exercise in the context of values to establish greater psychological flexibility. Instead of only one thing linked to avoidance of an aversive stimulus being likely to occur, now many things can happen in the presence of the feared object or situation or psychological reaction. We’re really not particularly interested in eliminating the fear. Now in fact, in the ACT research so far, it does appear that the fear goes down. But we mean it, that what’s actually our purpose is creating behavioral flexibility that will allow a person to live their life in a more liberated way with their history, with their fears, with their thoughts, in situations that they’ve previously avoided often at great costs to them and to the people that they care about and to the values that they actually are pursuing.

In this next segment, we’re going to visit Troy, who is a client who has an obsessive compulsive disorder and struggles with fear of contamination. His fears are particularly focused on dirt, especially dirt he fears has been contaminated by manure or feces, which is a problem for him because his wife enjoys gardening and his children are naturally out and about being in the dirt. He’s concerned constantly about struggling in his normal interactions with his wife and children with his obsessive fears. What you’re going to see here is the preparation to do exposure work. Because this is a kind of willingness exercise, it’s critical from an ACT point of view that we only do exposure when you really have a very high level of willingness. You could think of it as being on a continuum like one to ten but it’s really more like a switch. It’s either something that’s on or off.
In this segment, you’ll see that there are some ways that you can limit ACT exposure work and do so safely. You can limit what you’re going to expose yourself to. You can limit how long you’re going to do it. You can limit, in other words, time and situation. But what you can’t limit safely from an ACT model is the quality of willingness in itself. It’s more like a leap into open space than it is a controlled stepping down process. What you’re going to see in this segment is we are going to negotiate the exposure exercise that we’ve committed to and we’re going to try to be very specific about any limits that are there, making sure that they’re only there in terms of time and situation and not willingness and its qualities.

The other thing that you’ll see in this opening part is you’re going to see that all of that is linked to values. This is about something. If you don’t work it through, human language and human culture will link exposure implicitly to emotional reduction. And ultimately, in an ACT approach, this inconsistency will be perceived by clients and it will undermine the work. So both as a matter of motivation and as a matter of integrating the parts of the model, acceptance and exposure work has to be linked in ACT to values work. Finally one thing worth noticing is we’re going to focus both on external and internal exposure, both exteroceptive and interoceptive forms. That will be evident in this first segment, oriented the client to an ACT exposure session.

Hayes: So, Troy, how are you doing?
Troy: OK.
Hayes: You’re here.
Troy: Yeah. It’s been a challenging week.
Hayes: You’ve been thinking about coming in here?
Troy: I have. I always do but—
Hayes: Particularly this time around?
Troy: I think so. Yeah. My wife’s been spending a lot of time in the garden this week too, so it gave me pause.
Hayes: So you’ve been facing some of the things you’ve been dealing
with both at home and coming in here. What have you been thinking about just in looking ahead to—because this is the first time we’re really going to go right inside. What does your mind do just thinking about it? What thoughts come up?

Troy: Well. I keep wondering if I can run off to the bathroom in between discussing the dirt and wash my hands.

Hayes: You were planning how to get to the bathroom from here.

Troy: And to tell you the truth, I gave some consideration to having another appointment come up at the last minute.

Hayes: I notice you’re laughing.

Troy: Well. Just trying to keep it inside.

Hayes: Because this is not quite like you. In the sense of, how you feeling? What’s actually going on right now?

Troy: After the last session, I’ve been nervous about the prospect of actually having to really address this whole dirt thing.

Hayes: I mean on a scale of one to ten, if ten were as anxious as you know how to be, and one was not at all, where are you right now?

Troy: Over the course of the week, I’ve moved between no less than five at any given time and probably as high as nine.

Hayes: Where are you right now?

Troy: Probably a eight and half.

Hayes: Is that OK?

Troy: Well, it has to be. Doesn’t it? I don’t know.

Hayes: I’d say it doesn’t have to be. Depends on how you stand. It really is kind of up to you. When I say OK, I don’t mean do you like it, but are you willing to feel what you’re feeling?

Troy: Well, I’m feeling it. I don’t know if I’m necessarily willing or not.

Hayes: That’s kind of important. It’s important for what we’re about to do here too. Because what we said we would do is we would actually get some of this dirt right out of the garden, fertilized, has manure in it.
Troy: I don’t remember talking about manure before.

Hayes: That’s one of the ways they fertilize this. Isn’t that a core concern that’s something in this dirt.

Troy: Well yeah. Contamination, germs. And the worst part is it’s not so much that it’s there, or that it might get on me. But then I’m really concerned that if I touch other people, then I can get it on them as well. And that somehow I become a vector for disease. That’s really bothersome. And it’s especially the case, probably the times I’ve been most anxious is when I’ve been thinking about my kids. Because they’re so small, and they get sick all the time anyway. The notion of touching them or being pretty close to them, my hands are chapped from all the washing.

Hayes: Coming back to this willingness thing, if we did that same scale with how willing are you from zero to ten, where ten is—it’s not that you like it. We’re not talking about your valuation part because your mind’s going to do what it’s going to do.

Troy: Sure.

Hayes: I’m talking about how open you are to actually experiencing whatever thoughts, memories, feeling, sensations come up. If ten were a posture like this, as open as you know how to be, like you’ve never imagined being or seen anyone be. And one is a posture like that, you’re at absolute war with what’s going on inside that is frightening or related to the possibility of contamination and things like that. How willing are you right now? First, just to be here, because you know it’s in here somewhere.

Troy: It’s in the room now?

Hayes: It is in the room now.

Troy: I’m willing to be here. I’d say to be in the room, an eight.

Hayes: OK. And how about to be with what you’re feeling? Because you’re up in that eight and a half range of anxiety.

Troy: Seven.

Hayes: And how about to do the next thing which is, I’m going to go get the cup. It’s going to come out.
**Troy:** Nooo. Is there a conflict? Can I want to be willing yet not completely willing? I’m in. I’m committed to the process but I am anxious.

**Hayes:** Yeah but see anxious and willing are two different thing. Even as in the way you say it, but I’m anxious. It’s not that the anxiety has to go out. What we’re talking about is almost the exact opposite of that, which is how open are you to being anxious and to doing what we’re going to do here? The thing we laid out before is that we were going on bringing it out. Let me just walk you through what I’m going to do so you understand it. Because we really need to get this thing clear. I’m going to get this cup. I’m going to hold it. And then at some point you’re going to hold it. And at some point I’m going to actually ask you to touch the dirt. I think what we negotiated was we would then go for 10 minutes.

**Troy:** 10 minutes is a long time. I think I could do five.

**Hayes:** OK, now that we can do. It’s OK to do that. Here’s what we can do and here’s what we can’t. We can negotiate on time and situation. Like you could just hold the cup and not put your hand in it. You could take your hand out. There’s different ways we could—

And you can negotiate time. We could do five minutes, 10 minutes, 15 minutes, whatever. Here’s what we can’t negotiate. For whatever we negotiate, are you willing to be present with the situation that we created, we agreed to do, and everything that your history gives you. That means what your body does, what your mind does, what your feelings do, what memories show. That’s the part we need to get.

Like a seven, I’m not willing to do it if it’s a seven. Because a seven is sort of still a condition. In fact, maybe I shouldn’t even ask this as a continuum because in a way it’s almost yes or no. Let’s put it as yes or no, just to see. If a yes means whatever comes up, you’re going to stand with yourself. You’re going feel what you feel, think what you think, where are you right now?

**Troy:** I could say yes to that.

**Hayes:** OK. Good. All right, so we’ll turn it back to five minutes.

**Troy:** How about two? Since it’s open for negotiation.
Hayes: Well you have to follow your instinct. There’s no speedometer glued on your head.

Troy: So this is part of the willingness then. I need to commit to the period of time. So if you put it in my hand and I freak out and toss it away, that’s not willing. Is that the deal?

Hayes: Yeah, I’d say tossing it away is not willing. But also, it’s not just a matter of the form. It’s a matter of what you do with what comes out. Because what we’re trying to do is go inside this and see if we can go inside what it’s really like to be you when you’re contacting this thing that you fear the most. And be open to it. Be present with it. Doesn’t mean that you like it. So yeah it does mean not avoiding the world outside. It also means, it’s like literally touching it in the world inside. So what you’re actually feeling, feel it. What you think, think it.

Troy: Well, I’ll try.

Hayes: Well try is that same deal. Try is that middle range thing. Like try to pick that up. You picked that up, that’s not trying.

Troy: I see. Try to pick it up.

Hayes: There’s nothing in it for us to try to do. This is not a try deal. That’s all that work that we’ve done is to get to that point. This is a leap. It’d be like if you leaped out of a plane with a parachute on. Trying to make the leap once you left would no longer be relevant. I want it to be like that.

Troy: I just have to plummet into the dirt.

Hayes: We’re going to plummet into it. But you can control how big of a leap. So what’s the minutes that we’re doing?

Troy: OK. I’ll stick with five.

Hayes: Before we even get into this, because I think it’s kind of important, there’s one more little piece that I really want to bring back. There’s a tendency to go into this in a way that you’re going to just gut it out, stick it out, etc. And that’s a natural thing, so you notice that. That’s not what we’re doing. The other part of that is inside that is this idea that the purpose of all this is to somehow make it go away. The purpose of all this in terms of what we’re doing is to do something
that’s important to you that I think is beyond dirt. If it’s just dirt, there’s no law written in the universe that people have to like dirt. But it’s about more than that. So we’ve already done that work, but I just want you to connect that this is about something bigger. Like if we were to ask you, what’s really at stake here with the dirt? What’s the purpose of this anyway? Why are we doing this? What do you really care about? Why are you in here?

Troy: Like I said before, this fear I have is debilitating. It’s very difficult to—My wife’s an avid gardener. I told you that before. And so she goes out on the weekends and scrounges around in the flower beds and the vegetable garden and comes in. I can’t be close to her. I have to wait until she’s bathed. And then the area around the kitchen, I don’t feel like I can touch anything. And then the kids running through the house at the same time. I don’t want to get my dirty hands on them at all. So I was hoping that if I could somehow stop having these feelings about what it means to touch anything filthy and get it on me that I could go back to hugging my kids, kissing my wife. I want to stop feeling this anxiety about dirt.

Hayes: And if instead what we’re going to do in here is to find a place in which feeling that feeling when you feel that feeling and being willing to do that ... being able to reach out and be with your wife and be with your kids. What if that’s what we’re doing? Because you’ve been playing the stop feeling game for a long time. Don’t you think that’s kind of inside how this thing has grown?

Troy: Probably. I think that’s true. But I don’t really see how I can have all those things unless once I stop having these fearful feelings.

Hayes: That’s where we’re going right now, is we’re going inside just to see if that’s really the case. Are these feelings really your enemy?

Troy: Hm.

Hayes: Because that’s what—

Troy: They feel like my enemy.

Hayes: They feel like your enemy? Well that’s probably the judgment. So notice your thought doing that. So when we go in here, we’re going
to go in and actually try to contact those feelings and those thoughts directly. But let me just give you a minute. Imagine the feeling that’s associated with this kind of fear of dirt and contamination. Imagine that was glued right up around your wife and kids. And that—I’m not saying it’s going to be like this—I’m just saying it is a way of thinking about what we’re going to do here. It’d be like if you reached out and felt this chair. Suppose this chair was like two things. Having worries about dirt, having feelings that show up. And this is also like hugging your kids or kissing your wife.

**Troy:** The two were connected, inseparable. That would be quite awful

**Hayes:** Well. If you had them glued together in that way, when I ask you this question of are you willing to have this? Suppose the question is more like what do you really care about? And is your wife and are your kids important enough that would be willing to see what it’s like to feel what you feel and think what you think in the service of being able to be with them?

**Troy:** I see what you’re saying. Yeah. Sure I would definitely. Very important to me. That’s why I’m here.

**Hayes:** So would it be OK if this is about that? In a way that’s like bringing the kids in the room, bringing the wife in the room. And they’re going to sit here and be here as we do this.

**Troy:** Go, Daddy, touch the dirt.

**Hayes:** Sort of like that. Have there been places where inside the struggle you’ve done things that have cost your kids?

**Troy:** Yeah. Definitely.

**Hayes:** And your wife? Your relationship with your wife?

**Troy:** Innumerable. Daycare is where the kids have been whisked home earlier than they would have because it was raining and there were mud puddles in the back of the playground. And I’ve passed on—well, my wife grows orchids and I can’t even conceive of going to a plant show. Bowers of dirt all over the place, soil samples.

**Hayes:** So not just passing on the dirt like with your kids you may even be passing on a sense of disconnection with Dad, fears. There’s
things in here. There’s cost to these little ones and there’s cost to you and your wife. Yeah? I’m not saying this to guilt trip you at all. I’m asking you to connect with why you’re here. And let this be about that. Because inside that, walking inside this is not just an end in itself or a self manipulation process. This is about you living the kind of life you want to live. You with me on this?

Troy: Yeah. That’s why you don’t want me to just gut it out.

Hayes: Yes. Exactly.

Troy: You want me to be there for a purpose. OK.

Hayes: OK. So where are you right now? Fear? Or this thing’s about to come out? Where are you?

Troy: I’m OK. I’m calming down. And I’m definitely willing.

Hayes: Well, I’d be OK if you’re not coming down. That’s not what I’m asking. I’m just interested where you are. Now, I’ve got a one to ten scale in terms of how anxious you are.

Troy: Six.

Hayes: And how about on this willing, not willing.

Troy: I’m absolutely willing.

Commentary: And so now we’re going to actually walk through the exposure process itself. You’ll notice that we’re going to do it in a graded fashion. And we’re going to ask for permission for every single thing we do. We’re never going to spring anything on a client. If we go beyond the previously negotiated agreement, we’re going to ask permission. We’ll get a new agreement before we do it. At each point, we’re going to examine what’s going on in the area of private events, not just external exposure. And although we will periodically check in on how anxious the client may be, you’ll notice a much greater focus on any hints of avoidance.

I’ll be looking at the client’s body, his eyes, glances at a watch, and so forth. Any kinds of signs or signals that the client is not in full, open, present, conscious contact with all of the various thoughts, feelings, memories, sensations, as well as the previously avoided situation. And all of that in the service of the client’s values. So let’s just watch
how that unfolds in this exposure session itself.

Hayes: Five minutes don’t start until you actually touch the dirt, though. This is a cup of dirt.

Troy: It’s OK. I’ll just pretend that it’s sand. It’s clean dirt.

Hayes: OK. Could you look at me? Come here.

Troy: Hold that a bit further away. I’ll come there.

Hayes: Could you come here? Just look at me. This is not clean dirt. This is garden dirt. Like your mind’s doing what it normally does, right? Maybe if I could think about it different ways. That’s not going to work when you’re picking the kids up in mud puddles. That might work now. So it just doesn’t help us at all to try to reframe it. We’re going to be holding this dirt. Garden dirt. It probably has manure in it. That’s what we’re doing.

Troy: OK.

Hayes: So what are you feeling right now?

Troy: My heart’s racing, for one thing.

Hayes: So just focus on that. But also stay connected with this. And see if there’s anything in there. Is there anything in that racing heart that you can’t have? Where do you feel it? Just focus on that one bodily sensation. But stay in touch with the fact that there’s dirt in here.

Troy: My temples are pounding.

Hayes: So just notice that. Is there anything in that sensation that’s your enemy?

Troy: No. Just a thumping sensation.

Hayes: OK. So try to open up to that. What else is your body doing right now?

Troy: Sweat rolling down the insides of my arms. Sweat’s not my enemy as well.

Hayes: OK. Don’t just do it formulaically. I want you to get in touch with that sensation. Is there something in that sensation that you’re sort of doing this with or in fact is that something that you can
handle? You’ve had that when you’re exercising on your bike. Is this your enemy? It’s a little odd, maybe, that dirt occasions it.

**Troy:** Yeah.

**Hayes:** How about your mind right now? What’s your mind doing?

**Troy:** There’s a little speck of it that’s on the edge of the cup right there and I keep staring at it.

**Hayes:** That’s OK. That’s not a bad thing. There’s dirt in here. I’d rather have you really contact that. You don’t see it down there but when I pass it to you, you will. What’s your mind doing right now?

**Troy:** Just reach over there, like take the thing and get it over with. There’s a certain amount of discomfort in just seeing it there and not.

**Hayes:** OK. So the get over with it part. Let’s see if we can let go of that. This is not getting over with, this is getting with. We’re doing this not to make those fears go away. We’re doing this to get up against those fears and see if we can renegotiate our relationship with them. You’ve had those things as your enemy for how long?

**Troy:** At least 20 years.

**Hayes:** Long time. OK. And you look at what it’s done to your life. And remember that the kids are here. Your wife is here. This is about something bigger than just the fear. So we want to do something really different. This fear is welcome here even if you don’t like it.

**Troy:** OK.

**Hayes:** So what kind of thoughts are coming up?

**Troy:** I’m thinking about my wife and kids. And I’m thinking about what’s in that cup. And I’m thinking about how I don’t want to touch that dirt.

**Hayes:** The thought, I don’t want to touch that dirt, how close is that to you right now?

**Troy:** It’s pretty close.

**Hayes:** So let’s just say. With your history, what else are you going to think? Mary had a little—
Troy: Lamb.

Hayes: If I touch that dirt, that’ll be really—

Troy: Bad.

Hayes: OK. So with your history, what else is going to happen? This is OK. This is absolutely the way our mind works. So see if you can just have Mr. Mind here. He’s going to talk to you as he always does. The issue is, whose life is this?

You’ve got your kids here. You’ve got your wife here. You’ve got Mr. Mind telling you how you have to run you life. If you turn it over to him, what happens?

Troy: I don’t get to live it.

Hayes: And specifically what happens to your relationship with them?

Troy: It gets cut off. It gets harmed at the very least.

Hayes: So let’s see if instead of up here, we can just put the thought there. Not rid of it, but just let it be there. Not sure I could do this. Old thought. Anything else? What’s going on with you emotionally? What different kind of emotions are coming up?

Troy: I’m fearful of that cup, but I’m also angry at myself for being fearful of that cup.

Hayes: So see if can just open up to that. Don’t try to make your anger do your work. That’s not what I mean by open up to it. That’s another part of this. You’re tired of this. You’re frustrated with it.

Troy: Yeah, that’s definitely true. And I don’t see why I can’t get over it.

Hayes: So that’s back to more thoughts and judgments.

Troy: I should be able to.

Hayes: And you’ve done that before. Yes? Inside all of that self-judgment. I should be able to.

Troy: Yeah.

Hayes: I’m going to pass this off to you. Are you willing to hold this? And what I’m going to ask you is to just hold it like this. There probably is dirt already on the outside so the clock will start. Let’s
say the clock starts. Yeah, exactly. I’ll keep track of the time. Because inside that is going away from here, isn’t it? I want you to be here. Here’s where we need to be. We’ll start the five minutes.

*Troy:* Don’t touch it.

**Hayes:** I did not touch it. Other than holding this cup. Can I pass it off to you?

*Troy:* Why don’t you put it down? I don’t want it to fall on me. I’ll pick it up.

**Hayes:** What’s inside that? I’d be willing to if I knew what was about that. What’s in the, I’ll pick it up.

*Troy:* Things happen. You bobble it, it’ll—

**Hayes:** But we’re going to actually touch it.

*Troy:* I want to work up to it. I don’t want it to fall on me. Never mind. I’ll just take it. It’s hot.

**Hayes:** Thank you.

*Troy:* Are you timing?

**Hayes:** I think we decided we’d go from the dirt. Actually touching the dirt. This seems like we’re not there yet. What’s important in these first few moments is to just watch. See if you can just watch what goes on here. There’s a whole lot of things happening here. I want you to stay out here in touch with this. Is there anything in all of these things that are going on inside you that’s hardest for you to have? Like what’s the hardest part for you right now?

*Troy:* I don’t know. I can’t even think straight. It’s so disgusting.

**Hayes:** Take your mind through that thought. That judgment, it’s disgusting. That’s an old thought, yes?

*Troy:* Yeah. What’s hardest for me to have? It’s hardest for me to have this cup in my hand.

**Hayes:** Because? Go inside it. The cup itself isn’t what’s hard here.

*Troy:* Because I know you want me to reach in there and touch that disgusting filthy dirt.
Hayes: And if you did?

Troy: And if I did, it would be on me. And I can’t even think of that. To actually touch the stuff and have it on me. And I might get it on you. I might get it on these clothes. And I’ll probably—

Hayes: I didn’t ask you to get it on me. We’ll deal with that when we get there. We’ll see. So what’s hard about this is these thoughts. In all that gardening your wife is doing, she’s not falling over horizontal from that dirt. We’ve talked about this before. Part of you knows that this is not actually very likely.

Troy: She comes from hardy stock.

Hayes: There it goes. So we’re not going to go there and try to rationalize this thing and reason it out. You’ve done that a thousand time. There’s no growth in there. So see if you can stay present. You’re holding all these emotions and thoughts. And when you’re ready, I’d like to ask you to put your fingers on it.

Troy: All right.

Hayes: As you do that, picture your kids. Picture your wife. Let your mind go. Really let it go. Don’t go away from it. Open yourself up to it.

Troy: Ugh.

Hayes: Let’s go back. Go back. Stay in touch with that. We’re actually calling all this forth. This is like calling all the monsters out. It’s like come on out. Come on out.

Troy: Ugh.

Hayes: I notice you kind of have a look in your eyes. Can you actually look at what you’re doing? Take a look at what you’re doing. You’ve got your hand in the dirt.

Troy: I do seem to, yes.

Hayes: OK, good. So what’s going on in your mind right now?

Troy: Ugh, just you can imagine how these—Ugh.

Hayes: It’s on you.

Troy: Yes, it’s on me.
Hayes: Neat. Good for you. Could you stay back? Because I see how your head’s turning away, as if it’s hard to stay with it. What we want to do is really get with this. It isn’t just with this. I want you to get with what’s going on right now in you. So we’re going to get with the dirt. I want you to watch what’s going on in your body. What’s showing up? What emotions are showing up?

Troy: Well, physically I can feel that I’m trying to keep this as far away from my body as possible, my trunk. This sitting position, if I could push my arms any further away, I would.

Hayes: Then why don’t you bring the cup forward? We could just use this like a reverse compass. Whose life is this anyway?

Troy: And what else am I doing? Trying as hard as I can to not move my fingers.

Hayes: OK so I’d ask you to move your fingers. Good. Good that you noticed that.

Troy: I’m going to withdraw my hand a little bit so I can look in this cup.

Hayes: What else is your mind telling you, especially I think it’s really good to watch for things that it tells you not to do. You want to catch these little moves to go away.

Troy: It’s telling me to not smush it around much because it might grind into me.

Hayes: Thank your mind for that good advice and why don’t you put it right in there and just squish it around? Awesome. Doing a great job. I’d asked you to do this in the service of something. As you do this, let’s keep the kids in here. Let’s keep your wife in here. This isn’t just about you and the dirt. This is about you and your ability to live.

Troy: Yeah. I can see that.

Hayes: This is your enemy? This is worth your kids?

Troy: No it’s not at all. Actually it’s not even quite as bad as I thought it was going to be.

Hayes: And even that, don’t rely on that as your ally. Just notice that
your mind is going up and down and it’s telling you it’s not as bad. That’s fine too. But it’s just more talk. And not to get away from that, but staying in contact with that, let me just ask you a couple of other things.

**Troy:** OK.

**Hayes:** Stay in contact with it. And then pick something in this room that you think is pretty.

**Troy:** I like your vase.

**Hayes:** OK nice.

**Troy:** It’s majolica.

**Hayes:** OK cool. And then go back and touch the dirt. I’m not saying this to distract but just like there’s life out here. There’s things out here. Just like your kids are here. Your wife is here. There’s interesting things to look at here.

**Troy:** And so this is how I fuse the idea of the dirt with the rest of the world. We were talking about having my wife and kids being connected.

**Hayes:** Yeah I was saying that by saying if this was in the service of that, would you be willing?

**Troy:** I see.

**Hayes:** And how does it also stand away from everything else around you too? Like here we are talking.

**Troy:** With my hand in a cup of dirt.

**Hayes:** Yeah. That’s awesome. I think we’re beyond the five minutes. I haven’t kept close track, but I’m pretty sure of that.

**Troy:** Well then take it back.

**Hayes:** Here’s what I’d like to ask. Now this wasn’t part of the deal. So you can make a decision. I have a sense that there’s a softening here. Am I reading it right?

**Troy:** Yeah.

**Hayes:** It’s sort of coming and going, but there’s a little softening?
Troy: I feel somewhat better now.

Hayes: Well, actually be careful of that. Because by softening, I mean softening in your willingness to feel your openness to it, not just feeling better. You can’t trust that either. You absolutely can’t trust that. Feeling better, yes, but not feeling better. We’re doing a better job feeling, right?

Troy: Sure.

Hayes: Here’s what I’d like to ask is would you be willing to shake my hand?

Troy: After I washed it!

Hayes: No, as a congratulations for the work you’ve done. Now this wasn’t part of the deal. So you don’t have to do this. But I’m asking you to do it. I want to acknowledge what you’ve done. Because I think it’s pretty awesome. When you think about how many years you’ve avoided that, there’s something very moving about it and courageous about it.

Troy: Well. It’s nothing. You just finally talked me through actually doing it. I’ve been avoiding it for so long.

Hayes: We want to minimize it, too. And I know how much you’ve struggled with this. I think it’s pretty honorable thing. Pretty cool thing. Is it OK if I think that?

Troy: You can think what you like, can’t you?

Hayes: I want to congratulate you. And here’s the way I’d like to congratulate you. I want to shake your hand.

Troy: I’m not sure I’m comfortable with that.

Hayes: That’s cool. That’s absolutely cool not to be comfortable with it, in a sense of not liking it. I mean it. This is a matter of congratulation. And I know it passes a boundary. I said earlier we might even get here.

Troy: OK. You’re sure you want this?

Troy: Thanks. Do I have to put it back now?

Hayes: No, you can put it there. I think we’ve done our work. I’ve got it. No, I don’t think I will. What’s your mind doing right now?

Troy: It’s turning cartwheel with happiness that I’m no longer touching that dirt.

Hayes: I’m sure those germs are still on you. They’re on me now.

Troy: Maybe it’s OK.

Hayes: How you feeling?

Troy: I feel like I did something good for my family.

Hayes: Yeah. Cool. Well my intention is to walk out of here and actually not wash this hand here for a while. Sort of as an alliance with you but also frankly to push it even beyond that. Is that OK if I do that?

Troy: Yeah. I think it will be. Maybe I won’t wash for a while either. I could drive with this hand. I won’t touch the steering wheel.

Hayes: Because you notice I have a mind—because it started coming right behind it. There’s no speedometer here. We don’t have to go. Do you get it? What’s important here is to stay with yourself, one step at a time. I actually thought you did. Seems as though you did. I mean you came and went a little bit. How much avoidance was in there?

Troy: I think after I got my hand inside the cup, I really wasn’t avoiding any more. I was sort of in for a penny, in for a pound at that point. And there wasn’t much of a chance to avoid. The damage was already done.

Hayes: So thank your mind for that, the damage thing. So as you go home, I’d ask you to sit with this. And if waves come, if you decide to wash your hands, whatever, it’s fine. But I’d invite you to see just how far you can go. How far you’re willing to go, just sitting there. There’s no speedometer but there’s an opportunity here. And I can feel there’s some momentum here.

Troy: Sure. I’ll see what I can do.

Hayes: Good job. Awesome.
Troy: Thanks.

Commentary: I hope you could see the different elements of the ACT model being played out there. All elements of the ACT model pertain. And so we’ll do exposure in an accepting, defused, present, conscious, valued, active, and flexible way. You might have noticed, for example, that after the client had spent some time being exposed to the feared object or situation, I deliberately tried to expand the number of things that you could do while putting your hand in dirt. For example, you could notice the beautiful objects in the room. We follow a kind of reverse compass as well, watching what our mind tells us is not to do as possibly being very helpful information about exactly what to do.

Another thing worth noticing is that very last part. Since the core of his fear was that he would contaminate others, I thought we had enough momentum that I would ask him to see whether or not he’d be willing to contaminate me, essentially. But you’ll notice I tried to do it in a values context. I deliberately took advantage of the shaking of the hand. I genuinely wanted to congratulate him for what I was moved by, what I saw as a courageous piece of work that he had just done. And in that situation it would be natural to congratulate someone if you’d seen that.

And yet, to do it you might have to do something like shake a person’s hand and maybe contaminate them. And so it created a spontaneous mix of values and exposure, very much like the relationship with his wife or with his children in which he could see that being willing to step up to these fears affords possibilities for human connection and for valued action that otherwise would just not be there. This is what dignifies and makes coherent this whole process of exposure, acceptance, and defusion. It is not an end in itself. This is not wallowing. This is a process of human liberation.

In this next section, we’re going to see some of these ACT processes applied to the therapeutic relationship itself. It’s worth tracking multiple levels in the moment to moment interactions with the client from ACT point of view. We look at the content that the person is putting out there and the functions that it might have from an ACT
model. But we also consider this as a sample of social behavior that the client might display with others, and as a moment in the therapeutic relationship between the client and the therapist.

From an ACT perspective, we’re going to target all of those levels using all the familiar processes inside an ACT model. Those are the targets. But we’re going to work on them from those same processes in the therapist, him or herself. It’s not possible and I don’t think it’s even ethical to ask a client to be accepting without being accepting yourself. Because your client is going to walk into painful material and that’s going to be painful for you. It’s going to be painful to watch it. And it might touch on issues that have deep personal relevance for you.

Furthermore we’re going to do it using the same processes in the interaction. In other words, we’re going to, for example, target acceptance from an accepting stance in an accepting way. Similarly we’re going to target defusion from a defused point of view and in a defused way, and so on. And so these six processes become essentially a model of what it is to have an intimate, powerful, therapeutic alliance. It’s one that has all of those qualities as target, context, and process.

What you’re going to see here in this next segment is just a normal relationship-focused interaction with a client. We’re going to look at Jackie, who’s a gay lawyer who’s being told by her partner that she’s a workaholic and that her partner wants more from her. Conversely, she presents herself as someone particularly interested in becoming successful and in getting the work done. I think you will be able to see there’s more going on there as we track these different levels of context, function, sample of social behavior, and interaction between the two human beings, one of whom happens to be called a client and one of whom happens to be called a therapist.

In this next section, almost every single statement out of the therapist’s mouth can be put somewhere on a hexagon model. And as a kind of exercise, you might see if you can see where it might go as we consider how to bring in an ACT model to relationship oriented psychotherapeutic interactions.
Hayes: So how’s it going?
Jackie: It’s fine.
Hayes: So what’s been going on? What’s been going on at home?
Jackie: Oh. It’s the same old. Every week, it’s something having to do with my working too hard, my not attending enough.
Hayes: OK.
Jackie: Yeah.
Hayes: How you feeling? Even in saying that.
Jackie: I’m a little bit worried about that. I have to write a brief today. And one of the partners stopped me in the hall as I was leaving asking if I could write it. And I tried to make a good impression.
Hayes: Noting I had asked you how you were feeling you went off to the brief. So just worth noticing because I was asking literally how you’re feeling. And what showed up was something more like a worry that you had about work. How are you feelings?
Jackie: I don’t often think about that. I think if you walked around my law firm and asked people, they would all say the same thing. Because if you want to make it to partner, you’ve got focus on what’s the next step, and next step.
Hayes: How are you feeling right now then? Because we’re not at the law firm. I’m not a partner at the law firm. What are you feeling right now?
Jackie: I guess a little anxious.
Hayes: Oh OK. Neat. What’s that an association with? Do you know?
Jackie: Writing the brief.
Hayes: OK. So you’re not fully here. You’re back in the—
Jackie: Yeah, you’re right.
Hayes: You’re in the office.
Hayes: Are you hearing what I’m saying as criticism?

Jackie: Just because I hear it so much as criticism at home.

Hayes: Right. Except I want to say that I’m not here to criticize you. You asked me to work on something with you. And I’m willing to do whatever I have to do to be here for you. I’m not here for me. And I’m not here for your partner. I’m not here for your law partners. Like I’m here for you.

Jackie: I was actually thinking after he asked me to write the brief, I was like, maybe we could work something out so that when something like that showed up that we could skip session for the day or that week.

Hayes: I have to tell you I feel a little sad that you’re saying. Not so much—

Jackie: I know you’re doing a great job. You’re really doing a great job. That’s why I came to see. You’ve got the best reputation in town. That book that you wrote really got a lot of good press.

Hayes: You don’t have to rescue me from this feeling of sadness. The sadness I feel, I don’t feel criticized. Even when it’s for you, about you, part of you wants to go into the work and so forth, even when it interferes with that. It feels as though it’s sort of hard for you to hold what you feel, what you want, as being important. As important as anything else. Am I wrong in that?

Jackie: But isn’t my wanting to be a partner part of what I want too?

Hayes: Yeah. I don’t know. You have to tell me.

Jackie: You know, for a long time, I thought I was going to go to school, was going to get my degree, was going to join a top law firm. And I was going to make partner. And make a lot of money.

Hayes: Yeah. And on this other side, like we’re here right now in this setting. We’re not at the firm. When you leave here at the end of the session you can go back there. Here we are. We’ve got a certain amount of time to do what’s important to you. We’re not working on a brief. So what I want to know is what’s going on for you emotionally right now?

Let me ask you this way. How do you feel about our relationship?
Jackie: Like I said, you came highly recommended. So you’re probably once of the best.

Hayes: Just noticing that the same thing happens. I’m asking you how you’re feeling and you’re going off into what you think. How do you feel about me? We’ve worked together for how many sessions? How do you feel about me?

Jackie: That’s pretty personal.

Hayes: You betcha.

Jackie: You really want to know how I feel about you?

Hayes: Yeah.

Jackie: Sometimes I wonder if we’re going to be able to see results here in a timely fashion or not. Sometimes I’m not sure you understand me.

Hayes: OK. If I were you coming in here after all these sessions and just worried about whether or not you’re being understood, it’d be hard to come here. It’s be hard to be sitting there feeling that.

Jackie: Yeah. I guess I worry that you’re going to be like my partner, saying that I shouldn’t care about becoming partner in the law firm.

Hayes: I’m going to judge you.

Jackie: I guess so.

Hayes: OK. It does bring up thoughts. I wonder how can I create a place in here where it’s OK for you to be you and really walk into what’s going on. Yeah there may be things that need to be changed. You came in here asking for change. That’s why you’re here. I’m not in here as your judge. Just hearing you say that, I don’t know. My mind sort of talks to me about whether or not I’m going to actually really be able to help you. The part that seems most important in there is the part that’s about right here, right now. Let’s just go inside this feeling of not being understood. Tell me more about that. What does that actually feel like to you when you’re in here and you’re not sure that you’re understood?

Jackie: Even before I decided to come to therapy, I was worried about that because I know it’s all touchy feely. And that’s not how I am.
There’s a reason why I am about to make partner. I focus on what needs to be done and I do it. And my partner is going to benefit from this. When we have all this money, we can travel. We can do all sorts of things. And I feel like she forgets about it.

Hayes: Can we come back to this, of how it actually feels to be feeling as though you’re not understood? Because you went off again. And in there, although what you’re saying is that she’s going to benefit and so forth, she’s actually talked about leaving you. So inside all of these thoughts about how you need to be, there’s a potential for loss.

You’re tearing up a little bit. Yeah. OK. Go in there. What’s going on right now?

Jackie: Just the thought of her leaving. I forget about that.

Hayes: Yeah.

Jackie: Yeah.

Hayes: How do you feel towards her?

Jackie: I really can tell that she cares about me. There haven’t been too many people in my life who have.

Hayes: And even letting that in could be—I sense that that’s hard.

Jackie: I don’t like to be sad.

Hayes: That’s interesting. Her caring about you, there’s a sense of vulnerability or sadness there.

Jackie: I hadn’t thought about it that way.

Hayes: In the work that we do together, almost follows the same place. At times when I’m trying to let you know that I care about you, a part of you wants to....

Jackie: I think about how I say to my clients at the firm I care about you and I kind of do. But I care about winning the case.

Hayes: That moment right there. We were kind of connected for a second and then you—

Jackie: Well I kind of figured you feel the same way back. I’m a client and you care about winning the case.
Hayes: Hm. Ouch.

Jackie: There are times when I think maybe he does care but I think it’s kind of silly.

Hayes: Hurts a little bit to hear that. Hurts to hear that.

Jackie: Hurts you?

Hayes: Yeah. That’s hard for me to hear.

Jackie: I don’t mean to hurt you. I think you’re a neat person.

Hayes: That’s OK. You don’t have to rescue me from that.

Jackie: Are you saying that you do care?

Hayes: I do care about you. Absolutely. You teared up again. Is that hard to let in?

Jackie: Yeah.

Hayes: Why don’t we just kind of sit with that for a second? Can you?

Commentary: ACT can be done in a number of different ways. There’s a number of different styles. In fact, almost any style including, hopefully, your style can fit within an ACT model. That’s part of what’s neat about having a model with principles that link to basic and applied research. We don’t simply have to be shoved into a shoehorn of topographically defined protocols and manuals. Instead we can focus on function and processes that enable us to be creative and to fit our style into the model. And to still do empirically supported psychotherapy.

This requires some discipline. It shouldn’t just be a wave of a hand and a superficial connection between what you already do and what’s inside an ACT model. But as you explore it, you’ll see ways to connect what you do to this model. We’ve given some examples in this series of fairly direct almost behavior therapy style, more emotive styles, relationship focused styles, and so on. And yet all of them are recognizably ACT.

And that brings us back to where we started in the first DVD in this series. ACT is not just a technique, not just a specific protocol, or something that you have to follow in some sort of rigid way. It’s
a set of principles organized into a model that tells us something about what makes it so hard to be a human being. And what might empower people to step forward as the creatures we are, able to remember every past pain, able to bring it at any moment into the present, constantly tempted to struggle with our history and what the current situation occasions. And yet to do so, as creatures that can love, care, imagine futures that have never been, and work towards bettering the world. That’s our job as ACT therapists, to empower people to carry their history the way you might carry a fragile flower, even if it’s painful. And yet to step forward, to do so boldly, living the lives that they were meant to live.

I hope this DVD series has been helpful to you. And if you connected with this work, we invite you to be part of the ACT/RFT worldwide community of clinicians, researchers, scholars, and students who are trying to create a comprehensive psychology more adequate to the challenge of the human condition. Thanks for watching. And please let us know how else we could be of help to you and your work, foster human growth, and to alleviate human suffering.
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