

ACT QUESTIONS & ANSWERS



A Practitioner's Guide to
150 Common
Sticking Points
in Acceptance &
Commitment Therapy

RUSS HARRIS

“Russ has yet again written an extremely accessible book. Describing common problems that we all encounter when doing acceptance and commitment therapy (ACT), this book is reassuring, open, funny, irreverent, and at the same time, supremely wise. It is full of practical strategies, guidance, and helpful resources, that are also grounded in theory. With illuminating new material on self-compassion, exposure, and functional analysis, as well as well-known ACT classics, Russ’s down-to-earth examples of how to use this wisdom in therapy will prove helpful to all levels of experience with ACT.”

—**David Gillanders**, academic director of the doctoral program in clinical psychology at the University of Edinburgh, United Kingdom; peer-reviewed ACT trainer; and former chair of the ACBS training committee

“In *ACT Questions and Answers*, Russ Harris once again uses humor and clear language—this time to address the complex subtleties of 150 common ACT sticking points. The book is full of practical solutions for handling problems that arise when things don’t go as planned. Harris does a brilliant job showing how the six core processes interact, and he emphasizes behavior analytic concepts with simplicity. Further, several misconceptions about ACT are clarified. The appendix has incredible resources and links to even more, including worksheets, videos, and handouts. Highly recommended!”

—**Amy R. Murrell, PhD**, associate professor of psychology at the University of North Texas, and coauthor of *The Joy of Parenting*

“Russ Harris has produced another gem. In these pages, newbies and seasoned ACT veterans alike will find many, many useful clarifications, concepts, strategies, and resources for getting their clients, and themselves, unstuck in session. And all in a playful, compassionate, jargon-busting style. A must-read.”

—**Christopher McCurry, PhD**, clinical psychologist, and author of *Parenting Your Anxious Child with Mindfulness and Acceptance*

“Russ Harris has done a spectacular job of addressing the most common questions and challenges that therapists face in using ACT. His writing is clear, charming, and honest, making for a very enjoyable read. The inclusion of chapters detailing the Choice Point model and loads of clinical examples and handouts make this an essential read for clinicians, both novice and seasoned. I am sure you will find something of value in *ACT Questions and Answers*.”

—**Sheri Turrell, PhD, C. Psych**, adjunct lecturer in the department of psychiatry at the University of Toronto, clinician, ACT therapist, and coauthor of *ACT for Adolescents*

“*ACT Questions and Answers* is an excellently written book both in terms of its prose and tips. In Harris’s typical witty and charming style, this book will help any ACT practitioner get out of the tricky spots that inevitably crop up. The question and answer format make it an easy and accessible read. It is a perfect adjunct to introductory ACT materials for practitioners who want get that extra edge to their work.”

—**Louise McHugh, PhD**, associate professor in the school of psychology at University College Dublin, peer-reviewed ACT trainer, and coauthor of *The Self and Perspective Taking*

“Russ Harris has done it again! Inviting, fun, and practical, *ACT Questions and Answers* is a real-life reference in doing ACT and overcoming hang-ups for clinicians. In an approach where the answer to difficult questions is often “it depends,” Russ Harris gives you new, ACT-consistent ways to think about tricky situations we all find ourselves in with concrete techniques and sound advice. This will book will motivate you to use ACT in your practice.”

—**Timothy Gordon, MSW, RSW**, social worker, peer-reviewed ACT trainer, and coauthor of *The ACT Approach*

“Wouldn’t it be great to have a book on everything you always wanted to know about ACT but were too afraid to ask? With answers that are practical and understandable? Written by one of the leading ACT trainers in the world? Good news! Your search is over with Russ Harris’s *ACT Questions and Answers*. He answers questions he’s compiled from the literally hundreds of trainings he’s run around the world. Questions like: ‘How do we work with clients who keep saying *I don’t know?*’ or ‘Can people fuse with both thoughts and feelings?’ and ‘How can we talk about self-as-context without making it weird or mystical?’ Dive inside to find out the answers to these questions, laid out in a clear and helpful way, illustrated with lots of real-life clinical examples. This book is a super accessible, engaging, must-have companion, whether you are just starting out on your ACT journey, or you’re well down the track.”

—**Joe Oliver, PhD**, coauthor of *ACTivate Your Life*

“The book you are holding captures the questions and nuances missing in the field. Harris offers a gift to allied health professionals and consultants. This is the definitive guide to answer your questions for how to improve lives when no two people are the same.”

—**Todd B. Kashdan, PhD**, professor of psychology and senior scientist at the Center for the Advancement of Well-Being at George Mason University, and coauthor of *The Upside of Your Dark Side*

“Finally! It’s about time someone answered the ubiquitous questions that often perplex therapists after their introductory training. Harris’s book answers the hard questions with no-nonsense, real-world practical ideas and applications that ACT therapists can effectively and immediately use with their clients. Even experienced ACT practitioners can benefit from Russ’s fresh perspective on some of the thorny issues that come up during the application of ACT.”

—**Daniel J. Moran, PhD**, coauthor of *ACT in Practice*

“ACT *Questions and Answers* offers an invaluable opportunity to learn about core ACT processes and their direct application, in a straightforward, unique, and refreshing format. In this easy-to-read and highly informative book, Russ Harris shares his wealth of expertise to skilfully address a range of obstacles and questions which commonly arise in practice. This incredibly useful resource is packed full of relevant advice, guidance, and practical tips, and is sure to support and enrich your work with clients. Every ACT practitioner should grab a copy. Highly recommended.”

—**Michael Sinclair**, coauthor of *Mindfulness for Busy People*
and *The Little ACT Workbook*

“I’ve been studying ACT for fourteen years, and yet Russ Harris continues to educate me. For any person using the ACT model: this book will teach you many new ways of improving your applied work.”

—**Nic Hooper, PhD**, coauthor of *The Research Journey of Acceptance and Commitment Therapy (ACT)*

“In *ACT Questions and Answers*, Russ Harris continues his long history of providing clear, direct, thorough, and readily applicable insights into both basic and nuanced aspects of ACT. This highly readable work not only addresses processes and approaches that have been part of ACT since its inception, it also provides up-to-date innovations such as Choice Point, and usefully distinguishes dysfunctional ‘fusion’ with language from adaptive ‘absorption.’ Not only does Harris ‘know what he is talking about,’ his gift for clear, concise description and explanation allows readers to acquire that knowledge with the sense of having spent time with a warm, open, and fun-loving individual who genuinely wants to be helpful. If you have questions about ACT, this book will almost certainly answer them, and do so in a way that will actually make you glad you asked!”

—**Hank Robb, PhD, ABPP**, Oregon (USA)-licensed psychologist in private practice, peer-reviewed ACT trainer, and fellow of the Association for Contextual Behavioral Science

CHAPTER 6

Vicious Values

Values, glorious values. What would we do without them? They're the heart and soul of the ACT model. They guide us like a compass. They fuel us through dark nights of despair, and light up the way to a new and better life. They're an endless source of inspiration and motivation for humans of all races and cultures. And yet, getting clients in touch with them creates soooooo many problems. In this chapter we're going to look at both conceptual barriers (misunderstandings about what values are) and clinical barriers (the sorts of blocks that show up in session) to effective work with values.

But first a word of caution: while many clients are fine with the word values, some aren't. For some clients, the word has aversive connotations. And some clients have no idea what it really means. So it's a good idea to have alternative words or phrases you can use instead that convey the concept of living by and acting on values. These may not fully encapsulate the concept, but if they at least convey key elements of it, that's a good start. Examples of phrases you might use are:

- *Doing what matters to you*
- *Behaving like the sort of person do you want to be*
- *Living life your way*
- *Treating yourself or others the way you really want to, deep in your heart*

Some therapists don't even use the word values until later in therapy, once values have actually been identified. There's no right or wrong in this; the main thing is to be flexible. (Come to think of it, that's pretty much the main thing in just about anything and everything we ever do as ACT therapists.)

Discussions in This Chapter:

- Why do some clients say “I don’t know” to every question about values?
- How do we work with clients who keep saying “I don’t know”?
- Which comes first in therapy: clarifying values or setting goals?
- How many domains should we focus on, and how many values should we identify, at any one time?
- How do you work with destructive values?
- What if a client’s value is “to be successful in selling drugs”?
- What if a client’s main value is “power”?
- What’s the difference between values and rules?
- What if a client’s value is “don’t trust others”?
- What if chronic pain or illness stops clients from living their values?
- How do we resolve values conflicts?
- What if living by and acting on your values means rejection or hostility from your family, community, or culture?
- What is the Connect and Reflect exercise?
- What are useful questions to get people to open up about values?
- What is “flavoring and savoring”?

Q: Why do some clients say “I don’t know” to every question about values?

Russ: Well, it depends. There may be a variety of reasons. So we need to consider what the function of “I don’t know” is. (See chapter 5: Freaky Functional Analysis.) For example, is it a request for more information because the client simply doesn’t understand what we are talking about? If so, then we’d do some brief psychoeducation (no more than a few minutes’ worth) and use a metaphor to explain what values are. We’d explain how they differ from goals and give a few examples to distinguish the difference, such as being loving versus getting married, being reliable and friendly versus getting a great job, being supportive and loving toward your family versus buying a house for them to live in. And then we’d launch into an experiential exercise, of which you’ll find many in any ACT textbook, and quite a few in this chapter.

Far more commonly, however, “I don’t know” functions as an attempt to avoid an uncomfortable conversation, and the uncomfortable feelings that go with it. In this case, we may take the opportunity to do an ABC functional analysis (A = antecedents, B = behavior, C = consequences) of “I don’t know,” as outlined in depth in chapter 5. It may go something like this:

A Brief Functional Analysis of “I Don’t Know”

- **A—Antecedents (situation, thoughts, feelings):** “Take a moment to notice what’s happening here. This is a challenging situation; I’m asking you difficult questions. And I’m guessing that’s bringing up some uncomfortable thoughts and feelings. Can I get you to check in and notice what’s happening in your body? Where are you feeling it? What’s that like? What’s your mind saying?” Typically, this line of questioning will reveal anxiety, confusion, urges to change the topic, thoughts such as *I don’t know*, and so forth.

- **B—Behavior:** “Given that we’re in this challenging situation, and you’re feeling X, and your mind is saying Y, it’s completely natural that your first answer would be ‘I don’t know’ (or ‘I don’t have any values’).”
- **C—Consequences:** “So let’s suppose that we give up, end the conversation, move on to something else. There’d be immediate relief for you; all that anxiety and confusion would be gone, and I’d no longer be bothering you with difficult questions.”

Here the therapist has identified the main reinforcing consequence, or payoff, of “I don’t know”: avoiding discomfort. She can now look at the behavior in terms of workability: acknowledging and validating the payoffs and then compassionately contrasting them with the long-term costs. The therapist may say something like this: “So we can think of this as your mind being overly helpful, trying very hard to help you avoid an uncomfortable situation and some unpleasant feelings. And in the short term, if we go along with your mind’s agenda here and give up on finding out your values, then there’s a very real payoff for you; you get to escape all that discomfort. But in the long term, therapy grinds to a halt. Because we don’t get to find out the essential information we need, in order to help you build a better life. Your life carries on as it is, without any values to guide you, or inspire you, or motivate you, or help you move forward. So in the service of building a better life, would you be willing to...?”

At this point, the therapist segues into one of the four strategies mentioned in the next Q&A.

Q: How do we work with clients who keep saying “I don’t know”?

Russ: First, let’s validate their response. If they keep saying “I don’t know,” we might say something like “Yes, right now that’s exactly how it is. You don’t know what they are.” Or if the client says, “I don’t have any

values,” we might reply, “That’s right. You are so unaware of them right now, that for all intents and purposes, it’s as if you don’t have any.”

Then we could ask, “So would you like to change that? Would you like to discover some? Right now, they’re buried down so deep inside you, you don’t even know they’re there. Would you like to change that?”

If the client answers no, then check: have you gotten informed consent to do ACT (appendix 2)? If no, get it. If yes, have you established behavioral goals for therapy (chapter 3)? If not, do so.

If, however, the client answers yes—great! We can now launch into action using one of the following approaches.

Four Responses to “I Don’t Know”

1. **Sit with the question a bit longer:** “I get that ‘I don’t know’ is your first answer. That’s very common. However, often, if you think about it for a minute or two, other answers show up. Would you be willing to close your eyes or fix them on a spot, and I’ll ask the question again, but this time, just think about it for a minute or two before answering, and see if any other answers show up?”
2. **Do an experiential exercise:** “Asking you more questions isn’t likely to be helpful at this point, I think. So instead, would you be willing to do an exercise with me? I’m going to ask you to close your eyes or fix them on a spot, and think about something.” You would then lead into an experiential exercise such as the Connect and Reflect exercise described later this chapter, or numerous others. (Any ACT textbook will give you several different experiential exercises for values clarification.) Alternatively, you can explore artistic, creative ways to access values such as drawing; making collages; taking photos of people, places, objects, and activities that matter; and listening to and discussing themes in the client’s favorite music.
3. **Fill in a values worksheet or checklist:** In any ACT textbook you’ll find many values worksheets. You can also download values checklists (lists of common values that the client can go through and rate as very important, quite important, or not important)

from the free resources page on <http://www.ImLearningACT.com>, or use the one in the ACT Companion app (available for all types of smartphones).

4. **Do a values cards sort:** A quick search on Google reveals there are many types of values cards you can purchase. (If you live in Australia, you can get my own set from <http://www.actmindfully.com.au>.) The client can sort the values cards into piles of very important, quite important, and not important; in doing so, often she connects with and clarifies her own values.

Q: Which comes first in therapy: clarifying values or setting goals?

Russ: We explored this question to some extent in chapter 3, in the Q&A “But don’t values come before goals?” However, let’s look at it again from a different angle, as it’s very important. Values and goals and actions are all on a continuum. At times we use values to set goals and create action plans. At other times we elicit and clarify values by considering what motivates or inspires the client’s goals and actions.

If we run through those questions in the “behavioral goals” section of the ACT Case Formulation worksheet (appendix 1), we will likely get a mixed bunch of desired goals, desired actions, and desired qualities of action. The desired qualities of action are what we call *values*.

When it comes to formal goal setting, we can set short-term goals (e.g., join an online dating agency), medium-term goals (e.g., go on lots of dates), and long-term goals (e.g., get married). Then we can look at the actions necessary to increase the chances of achieving those goals.

Values work can come in before, during, or after such goal setting.

Values work before goal setting: We identify values the client wants to live by, then explore how the client would like to act on them.

Values work during goal setting: We may explore questions such as “How do you want to treat yourself and others as you go about pursuing these goals? What qualities do you want to bring to your

actions as you do this? What do you want to stand for as you work toward this?”

Values work after clarifying goals: We may explore with the client, “What do these goals tell you about what matters to you, about the sort of person you want to be?” or “What’s this goal in the service of?”

When we establish behavioral goals up front in therapy (as in chapter 3), we straddle two core ACT processes: values and committed action. Often to begin with, the values are implicit within these goals and don’t become explicit until later in therapy when we start to tease them out. Initially, we are simply trying to get a sense of how the client wants her behavior to change as a result of therapy.

So, for example, if we identify a goal such as to find a partner, get a better job, ride a bike, learn to ski, or go to a party, our next step is to explore what the client would need to start doing differently to increase the likelihood of achieving that goal. How would her behavior need to change?

From there we could explore what values underpin those goals. And once we know them, then we can look for ongoing actions that could be ways to live by those values on a daily basis, and to keep living by them every step of the way—whether the client ultimately achieves the goal or not.

Q: How many domains should we focus on, and how many values should we identify, at any one time?

Russ: We can split life up into as many domains as we like. Some ACT tools divide life up into ten or twelve different domains, but I like the bull’s-eye (appendix 3) for its simplicity: it slices life into four broad domains—work, love, play, and health. There are no hard rules about this in ACT, but personally I think it’s wise to stick to one domain per session

and identify two or three values within it; otherwise it easily gets confusing or overwhelming. Many values will be the same across most or all life domains, but some will differ from domain to domain.

Q: How do you work with destructive values?

Russ: There's a starting assumption in ACT that when people engage in destructive behavior it's usually because they are disconnected from their values (as we use the term in ACT, which is of course very different from other everyday meanings of the term *values*). We assume that destructive behavior usually happens when people have become fused with all sorts of beliefs, ideas, attitudes, assumptions, convictions, and judgments, and that this fusion pulls them away from their values.

Why do we start from this assumption? Well, look at your own behavior; we've all done destructive things at times, to ourselves or to others. So were you mindfully acting on your values when you did this destructive stuff? Or were you hooked and moving away from your values? On the choice point (chapter 1), would you class your destructive behavior as a towards move or an away move?

It's worth noting that ACT is now used in lots of prisons and other forensic settings, and getting good results; and I've never heard of clients in these settings asking for help to be more sadistic or more hateful or identifying core values such as cruelty and prejudice.

The bottom line is, if a client wants help to do some sort of destructive behavior that would compromise the ethics of the therapist, the therapist should say so at once, and address it. And if the client can't be shifted to an agenda that is ACT-congruent and ethical for the therapist, then the therapist should terminate the relationship.

Q: What if a client's value is "to be successful in selling drugs"?

I'm currently seeing a local criminal and his values are to be successful in selling drugs, being very violent if challenged, and being uncaring about

anyone who gets in his way. Surprisingly these values work quite well for him and get him most of the things he wants, and he's not interested in looking at an alternative approach. Ethically, should I help him work toward those values?

Russ: A value, as we define it in ACT, is a desired quality of behavior. So “to successfully sell drugs” is a goal, not a value. It describes what you want to achieve; it doesn’t describe the qualities you want to bring to your actions on an ongoing moment-to-moment basis.

Now I guess you could argue that “being violent” and “being uncaring” are his values, provided that “deep in his heart” that is how he truly wants to behave. But I’d be wondering—are those truly his core values? Or has he just learned those are qualities of action that meet his needs in the short term?

Certainly it would be unethical for you to help any client do anything self-destructive or destructive to others, and we should always declare ethical conflicts and refuse to do anything that might compromise us ethically. Now regarding this client, what does he want from therapy? Have you done informed consent, and has he agreed to it? And have you then completed the desired behavioral goals section in the second box on your ACT Case Formulation worksheet (appendix 1)?

If you can’t ethically agree to work with him on his desired behavioral goals, then refer him on. If you *can* find desired behavioral goals to work with him on (without ethical conflict), then you can come back to the concept of workability: is what he is doing working to help him achieve those behavioral goals?

If he answers yes, you could reply, “So there’s no problem, then. How about we focus on something that’s a problem for you?”

If he answers no, then you could ask, “So are you open to doing something different?”

If he says yes, it is a problem, but no, he’s not open to doing something different, then we want to ask, why is he coming to therapy? What does he want to get from it? (See chapter 3: Ghastly Goals.)

And if he’s a mandated client? Well, that’s a big topic that I’ve covered in depth elsewhere (*Getting Unstuck in ACT*; Harris, 2013).

Q: What if a client's main value is "power"?

I work with a lot of successful professionals and often encounter clients who identify values such as "power." This often drives destructive behavior such as being aggressive to others. Any tips?

Russ: I'd reframe it as "influence." We might say, "The word *power* is a term we use to describe your capacity to influence others. The more you can influence the behavior of others, the more power you have." We could then go on to explore the concept of influence. Often, in ACT, we explicitly help clients to influence the behavior of others in the service of pursuing their own goals, but the emphasis is always on *how* do you want to go about influencing others? Do you want to influence them through lying, deceit, manipulation, intimidation, coercion, cruelty, and bullying? Or do you want to influence them in more healthy, constructive ways that build rich and meaningful relationships?

And it's never yet happened (and I don't expect it ever will) that a client said, "Really and truly, deep in my heart, I want to influence others through lying, deceit, manipulation, intimidation, coercion, cruelty, and bullying." But if I ever did have a client say that, I'd declare an ethical conflict: "I can't help you with that because my aim is to help people live better lives, and the research is clear that if you go through life treating others that way, not only will they suffer, but so will you."

Q: What's the difference between values and rules?

Russ: *Values* describe the personal qualities I want to embody in my actions, the sort of person I want to be, the manner in which I want to treat myself, others, and the world around me. So, for example, in the life domain of family, my values might include being loving, kind, honest, and caring. In the life domain of work, my values might include being fair, trustworthy, reliable, and responsible. In the life domain of health, my values might be self-care, self-protection, and self-compassion.

Rules is a term we often use in ACT to describe tightly held, narrow, rigid beliefs—attitudes and assumptions about what you can or can't or should or shouldn't do, or the right or wrong way to do things. So if your thoughts contain words like *should*, *have to*, *must*, *ought*, *right*, *wrong*, *always*, *never*, *can't because*, *won't until*, *shouldn't unless*, *this way is right*, *that way is wrong*, *must do it like that*, *mustn't do it like this*, then they're almost certainly rules rather than values.

There are a vast number of ways to live a value, but only a few ways to follow a rule. An example I'm fond of is the famous commandment "Thou shalt not kill!" This is a rule, not a value. It tells you what you can't do (and tells you nothing about what you can do). The values underlying this rule are loving or caring or respecting life; and there are a vast number of ways of living such values, through actions great and small.

Consider *perfectionism*. This is a term we use when clients are fused with rules such as "I must do it perfectly, or there's no point doing it all." So often in ACT, we help clients to defuse from their rules and uncover the values underneath them. Then the aim is to act flexibly on those underlying values.

For another example, suppose the client's rule is "I must do what my parents tell me to do." The value hiding beneath the rule is likely to be "being respectful" or something similar. There are thousands of ways for the client to be respectful to himself and to others. He doesn't have to obey his parents' every demand in order to live the value of being respectful.

And for one last example (I do so love an example; don't you?), suppose your client states she "wants to help the world" as much as possible, and she finds it hard to take time off to rest, relax, and have fun because she always wants to be productive and active, even when resting. There's a lot of fusion with rules here. The values she's mentioned are being helpful, being productive, and being active. And there are many ways to flexibly act on those values, while also balancing them with the value of self-care. Now notice the rule: "always be productive, even when resting." If the client fuses with this rule, then rest, relaxation, and having fun are all off the table. (To help clients unhook from rigid rules, see chapter 9: Dastardly Defusion.)

Q: What if a client's value is "don't trust others"?

Russ: Many clients who have been badly hurt or betrayed by others have trust issues. We especially see this a lot in trauma work: "Don't trust others or you'll get hurt." But note: this isn't a value; it's a rule. So the issue here is about flexibly living values versus rigidly following rules. The rule is "don't trust others." The value is self-protection, and we can explore with clients the million and one ways they can flexibly and adaptively live this value through their words and actions, both great and small. And we can contrast this to the rigid rule of "do not trust others."

Of course, we want to respectfully validate the payoffs of following this rule: it has protected the client from getting hurt by others. And then we want to look at the long-term costs of following this rule: it prevents or interferes with close relationships.

The value of self-protection can motivate or inspire a vast range of different actions, from shooting at the enemy in a war zone to being incredibly trusting of others when your life, health, and well-being depend on it. The rule "do not trust others" is, in comparison, a rigid rule that dramatically narrows one's options. (Again, to help clients unhook from rigid rules, see chapter 9: Dastardly Defusion.)

Q: What if chronic pain or illness stops clients from living their values?

Russ: When clients have chronic pain or illness, or a disability, or the infirmity of old age, they are often unable to do things the way they used to. And they may have to reduce or give up a whole range of activities. However, we can help them find alternative ways of living a rich, full, and meaningful life, adapting to the limitations their physical condition places upon them.

For example, suppose that your client is mad passionate about playing football, but due to his condition, he can no longer play. After validating his pain and encouraging self-compassion, we want to clarify what the values implicit in the activity of playing football are. For example, they may

include playfulness and having fun, keeping fit (not technically a value, but aligned to the value of self-care), and teamwork (also not technically a value, but aligned with other values such as cooperation, respect, helpfulness, and supportiveness). Having identified these values, we can then look at other ways to live them, to put them into action, even though football is out of the question.

As I mentioned in chapter 3, there's a great book on this theme: *Tuesdays with Morrie* by Mitch Albom (1997), a true story about Maurice Schwartz's premature death from motor neuron disease. In a truly heart-breaking but inspiring narrative, we get to see that even when his body is totally paralyzed, Morrie is able to live by his values. If you haven't read it, you've got to! (But make sure you have a box of tissues handy.)

Q: How do we resolve values conflicts?

Russ: Most of us have experienced a major values conflict at times, and it's usually pretty stressful. We can easily get caught up in trying to figure out "the right thing to do" and end up spending a lot of time inside our heads, worrying, ruminating, stressing out, or just going over and over the issue, trying to make a decision. These types of conflicts present a major challenge for therapists, coaches, counselors, clients, and...well, just about everyone. And the inconvenient truth is, this is a HUUUUUGE topic, so much so, that I considered giving it its own chapter. Well, here goes!

Five-Step Values Conflict Formula

First, I'm going to present you with the outline of my five-step formula for handling values conflicts, then I'll take you through it in depth.

Step 1: The Domain: Identify the main life domain where the values conflict.

Step 2: The Values: Identify the two main values that conflict within that domain.

Step 3: The Globe of the World Metaphor: Introduce this to convey that values are dynamic.

Step 4: Brainstorm: Think of all the different possible ways to live value A by itself, value B by itself, and both values A and B simultaneously, within this domain of life. (It's often best to draw this out on a Venn diagram.)

Step 5: Self-compassion: These conflicts are painful, so be self-compassionate.

Let's now go through this, step by step.

STEP 1: THE DOMAIN

The first step is always to identify *just one* life domain in which the values conflict is occurring, such as work, study, parenting, marriage, health, spirituality, or leisure. If it's occurring in more than one domain, then initially pick just the main one, where it's happening most or creating the greatest problems. This is an important first step because it helps weed out the incredibly common confusion between time-management issues and true values conflicts.

For example, if the client says the conflict is “family versus work,” he hasn't identified two conflicting values; he's simply identified two important life domains. And what he's dealing with is probably a time-management issue: how much time does he spend with the family versus how much time does he spend at work?

To make this clear, let's suppose his three most important values in the domain of work are to be reliable, cooperative, and creative. These values will not alter whether he spends ten hours, thirty hours, or sixty hours a week at work. And let's suppose his three most important values in the domain of family are to be loving, kind, and supportive. Again, these values will not alter whether he spends ten hours, thirty hours, or sixty hours a week with his family. In this case, it's a time-management issue, not a values conflict.

If we wish to uncover a true values conflict, we'd need to focus on just one of those domains at a time—either family or work—and then find out *which two values within that one domain* are competing with each other. (We work with only two competing values at a time, or it gets confusing.)

Then, if necessary, we can come back later and work on the other important life domain that the client originally mentioned. For example, we might address values conflict in the domain of family first, and then later address values conflict in the domain of work.

So let's look at how to deal with a true values conflict. Suppose there is something going on at your client's workplace, such as bullying, harassment, victimization, dishonesty, or corruption. And he can't decide whether to speak up about it or keep quiet. The first step is to identify the life domain: work. The next step is...

STEP 2: THE VALUES

Step 2 is to identify the two main values that are in conflict within this domain. In this scenario, it seems that if your client speaks up, he'll be living his value of honesty. However, if he does this, there may well be some very negative repercussions: he may lose his job or become a target himself, which goes against his value of self-care. On the other hand, if he remains silent, he will keep his job and avoid being a target, thus living his value of self-care, but he'll be going against his value of being honest.

As we run through steps 1 and 2 with our clients, we want to respond with great compassion, validating the stress and suffering of being in such a difficult situation. Then we can move to...

STEP 3: THE GLOBE OF THE WORLD METAPHOR

Some clients seem to think of values as static entities, and expect them to line up and stay in position like books in a bookcase. We want to help them see that values are dynamic, continually shifting and moving position, sometimes coming to the foreground and other times fading into the background. My favorite way to do this is with the following metaphor:

Our values are like the continents on a globe of the world. No matter how fast you spin that globe, you can never see all the continents at once; there are always some at the front, some at the

back. From moment to moment, you get to choose: which values come to the front, and which move to the back?

This then paves the way for the next step...

STEP 4: BRAINSTORM

We now help our client think of all the different ways, in this specific domain of life, that he can live value A by itself, value B by itself, and both values A and B simultaneously. We can include everything from the smallest of actions to the largest of goals.

So in this case, throughout the day at work, your client can live value A—honesty—in many ways:

- honestly expressing his feelings and opinions in situations where there is no personal danger for doing so,
- being honest with himself about how he is feeling and how difficult the situation is, and
- being honest in his dealings with clients, customers, colleagues, and coworkers.

And throughout the day at work, ways he can live value B—self-care—might include

- eating healthy snacks in the morning and afternoon, instead of muffins and biscuits;
- being prudent and cautious about when, where, and with whom he shares his true feelings and opinions; and
- getting some fresh air and exercise with a walk at lunchtime.

And throughout the day at work, ways to live both value A and value B simultaneously include

- combining any of the above options, where practical, and
- practicing self-compassion: this involves being honest with himself about the emotional pain and stress he is suffering while also

treating himself with kindness and caring (such as through saying kind, supportive things to himself or by doing a mindful self-compassion exercise).

After we have completed our brainstorming, we move to the final step...

STEP 5: SELF-COMPASSION

When we resolve our own values conflicts, we tend to experience a sense of liberation; we realize that we can live by our values whichever course of action we pursue. Unfortunately, that may not help us make the decision that we need to make, or solve the problem, or remedy the situation. For example, in the case described above, the client has resolved his values conflict, in that he has found ways to live both values in this important domain of life. However, he still faces the dilemma (or difficult decision, or tough choice—whatever you prefer to call it) of whether to “blow the whistle” or not. In such cases, we can expect ongoing anxiety and other uncomfortable thoughts and feelings. So self-compassion is warranted. Let’s acknowledge our pain and suffering and respond to ourselves with kindness. (For more on self-compassion, see chapter 10.)

Other Types of Conflict

Genuine values conflicts are quite rare in therapy. Far more commonly we encounter goal conflicts, mostly around how to allocate time, energy, or money. Goal conflicts might sound like this: “Will I spend my time, energy, and money to do what my partner (or parents or friends or family) wants, or to do what I want? Will I spend it at work, or at home? Will I invest it in hobby A or leisure activity B? Will I do what my religion (or culture) demands, or what I really want to do?”

Values clarification often does not solve such issues. Usually we’ll need to use other strategies to resolve these difficult decisions and tough choices. And if the client is struggling with a major dilemma, such as “Do I stay silent or report it?” in the workplace scenario above, then I recommend using my 10 Steps for Any Dilemma worksheet (which you can download from the free resources page on <http://www.ImLearningACT.com>).

Q: What if living by and acting on your values means rejection or hostility from your family, community, or culture?

Russ: There are no easy answers when clients find themselves in these complex and intensely painful situations. So our starting point is usually lots of validation of their suffering, segueing into self-compassion (chapter 10). After that, we can start teasing out values from rules and looking at ways to live one's values without running the risk of rejection or hostility.

For example, a therapist recently asked me about this case: *I am seeing a client who has identified a core value that she wants to live by: being honest. The thing is, she is gay, and her culture teaches that homosexuality is a sin. She is aware that if she tells friends and family about her sexuality, they will react very negatively. Any tips on how to handle this?*

Our clients present with many variants on this theme: “Should I tell others about my... (religious beliefs, sexuality, political persuasion, plans to leave home, secret boyfriend or girlfriend), knowing that I will probably elicit rejecting or hostile reactions, or endanger my place in the community?” And notice how similar this is to the issue addressed earlier in the Q&A on values conflicts: “Should I speak up about the workplace problems I've witnessed, knowing that it will probably elicit hostile reactions, or endanger my job?”

In all these scenarios, the values conflict is between caring and honesty. The issue boils down to this: “If I am honest, I will get hurt, which conflicts with caring for myself, or I will hurt others, which conflicts with caring for them.” And doesn't this “honesty versus caring” conflict play out for most of us in our relationships at times? If we were to be completely honest with the other person about some particular issue—which may be something that we are doing, or something that he is doing, or how we truly think or feel about something—we fear that he will react badly. We fear that either we will hurt him, which seems to conflict with caring, or that his reaction will hurt us, which conflicts with caring for ourselves.

An important piece of dealing with these issues is to help the client see that there are many ways to live the value of being honest without actually revealing whatever it is she's keeping secret. Honesty doesn't mean “I must

not keep anything secret; I must reveal all to everybody.” For example, the client can be honest with herself through writing a journal, or mindfully acknowledging whatever it is she’s keeping secret (and how painful it is to keep it). She can also be honest with her therapist about it, and with anyone else she knows who will not judge her. She can also be honest with others in zillions of little ways that she knows won’t upset them. And of course, committed action will often involve building a new social group with people to whom she can safely open up about the things she really wants to; in some cases, this may need to be with people outside of her family, culture, tradition, or religion.

It’s often useful to draw a Venn diagram with two overlapping circles, in this case labeled “honesty” and “caring.” In the central overlapping region, the client can write in things she can say and do that are both caring and honest. In the nonoverlapping region of the caring circle, she can write down things she can say and do that are caring but have little or nothing to do with honesty. In the nonoverlapping region of the honesty circle she can write down things she can say and do that are honest but have little or nothing to do with caring. This gives the client lots of options to choose either value, or both, throughout the day. We can of course do this with any two values; there will always be things the client can say and do that go into the overlapping region, allowing her to live both values.

Now suppose the client insists on revealing her secret to people from her social group or culture who she knows will disapprove and react negatively. If so, we want to explore whether she is willing to live with the consequences of that action. What matters enough that she’d be willing to do something that she knows will upset people she cares about? Let’s do our best to ensure that if she takes such action, it’s truly motivated by her values (honesty, courage, authenticity) rather than fusion with a rigid rule like “I must tell them.”

It’s such a difficult situation to be in, when we know full well that if we say and do the things we really want to, our friends and family or other important members of our social group will disapprove or reject us. And the reality for our clients in these situations is this: there’s no way not to choose. Your client will either choose to reveal what she’s been keeping secret, or she won’t. There’s no third option. And both options—speaking

up or staying silent—will be painful for her in different ways. So whichever choice she makes, we'll want to work with her on acceptance of the inevitable pain that goes with it, and lots of self-compassion.

Q: What is the Connect and Reflect exercise?

Russ: This is a very simple exercise to get just about anyone in touch with important values in relationships. It often goes down well with adolescents; when you get them thinking about their best friend(s) and what they like to do together, they usually find it energizing and engaging.

Of course, sometimes it will trigger strong, painful emotions—especially if the person they think of is no longer in their life (possibly due to death, separation, or ending the relationship). If this happens, we segue to defusion, acceptance, self-compassion, or grounding, and then return to the exercise later. If you're concerned about this possibility, then specify that it be someone who is still actively in the client's life today.

What follows are the “bare bones” instructions. The idea is that you flesh them out with your own words, your own way of speaking. There are two parts to the exercise.

Connect and Reflect

Part 1

The therapist should go slowly with this exercise, allowing plenty of time for the client to process each instruction. It can be done with eyes open or eyes closed, and it often goes down best if we preface it with a couple of minutes of mindfulness practice. When the therapist asks questions, there is no need for the client to answer; some will speak, others will stay silent, and it doesn't matter either way.

- Think of someone you care about, someone you like to spend quality time with. Remember a time—recent or distant—when you were with each other, doing some sort of activity that you really like.

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- Make this memory as vivid as possible.
- Relive it. Feel it emotionally.
- Look out from behind your own eyes onto the scene: Notice where you are... Time of day?... Indoors or outdoors?... Weather? Scenery? Temperature?... What's the air like? What can you see?... What can you hear?... What can you touch...taste...smell?
- Notice the other person: What does he or she look like? What is he or she saying or doing? What's her tone of voice, the expression on his face, her body posture, the way he is moving?
- In this memory, what are you thinking?... And feeling? And doing? What are you doing with your arms...legs...mouth? Are you moving or still? Get into your body (in this memory); what does it feel like?
- Savor the moment. Make the most of it. What's it like? Really appreciate it. *(The therapist allows the client at least a minute or two to savor the memory, then moves on to part 2.)*

Part 2

You can do part 2 as a conversation, or you can do it as an eyes-closed silent exercise, allowing the client plenty of time to process your questions, and then discuss it at the end.

- Now step back and look at the memory as if you're watching it on a TV screen. Focus on yourself. What are you saying and doing? How are you interacting with the other person? How are you treating him or her? How are you responding to him or her?
- What qualities are you showing in this memory? For example, are you being open, engaged, interested, loving, kind, fun-loving, playful, connected, engaged, interested, appreciative, honest, real, courageous, intimate?

- What does this remind you about the sort of person you want to be, the way you want to treat yourself and others, the sort of relationships you want to build, how you want to spend your time?

Debrief

After the exercise, run through these questions and any others that spring to mind:

- What qualities were you showing in this memory?
- (*Prompt as needed*): Were you being open, engaged, interested, loving, kind, fun-loving, playful, connected, engaged, interested, appreciative, honest, real, courageous, intimate? (*If needed, run through a values checklist or a pack of values cards to help with this.*)
- What does this remind you about the sort of person you want to be? About the way you want to treat yourself and others? The sort of relationships you want to build? How you want to spend your time?

Modifications

You can modify this exercise; it doesn't have to focus on relationships. You can ask the client to remember any activity he enjoys or has enjoyed—with others or by himself, at home or at work—and help him to really connect with the memory experientially.

Then reflect on the same or similar questions as those in part 2:

- What qualities were you showing in this memory?
 - What does this remind you about the sort of person you want to be? How you want to spend your time? How you want to treat XYZ (objects, people, places involved in the activity)?
 - If relevant, also ask: What does this reveal about the way you want to treat yourself and others? The sort of relationships you want to build?
-

Q: What are useful questions to get people to open up about values?

Russ: There are so many useful questions, answering this question could take up an entire chapter. (Keep in mind many of the questions to elicit goals in chapter 3 also elicit values.) Here are a few of my favorites, divided by category:

Interests, Hobbies, Fun

Ask about, and show genuine interest in, something the client enjoys doing. (This is also a good way to build rapport and engagement with disengaged or reluctant clients). For example, we might ask, “What do you do for fun?” or “What do you like to do on holidays and weekends?” or “What do you really enjoy?” or “What movies/music/books/comics/games do you like?”

After some discussion, we can begin to explore:

- What do you notice you enjoy about that?
- What do you notice about yourself when you’re doing this?
- What are you like to be around when you’re doing this?

We can usually then go on to unearth qualities of action or skills required to do this activity well or get the most out of it. These are likely to involve values, or overlap with values in important ways.

“Being yourself”

Many clients will at some point talk about “just wanting to be myself.” (This seems to be especially common in teenagers.) It’s rich ground to explore:

- When are you being yourself? With whom? Doing what?
- What qualities do you bring into play when you are being yourself?
- What would I see and hear on a video of you being yourself?

- What are you like to be around when you are being yourself?
- How do you treat the people you care about when you are being yourself?
- With whom is it easiest to be yourself? How come? What does that person do that makes it easier for you to be yourself?
- What does it feel like when you are being yourself?

Self-Judgment As a Starting Point

If a client is doing a lot of negative self-judgment about his own character, the things he does, and the way he behaves, we can get to values by first commenting on this: “Your mind really likes to give you a hard time here! It’s quick to criticize you.”

If we’ve referenced the idea of the mind as an “overly helpful friend” (see the Q&A on caveman mind metaphors in chapter 9: Dastardly Defusion), we can say, “So this is your mind trying to help you. Your mind figures out if it just beats you up enough, you’ll stop behaving like this and behave more like the sort of person you want to be.”

We could then add, “Thing is, if beating yourself up was a good way to change behavior...wouldn’t you be perfect by now? So can we take a different tack? Let’s put all the self-judgment to one side for a moment and let’s explore. If you weren’t behaving that way/doing those things/treating yourself or others that way...

- How would you like to be instead? Doing what? Behaving how? Treating yourself or others how?
- Is there any time in your life when you are actually like that—when you are being the sort of person you want to be? Doing what? When? Where? With whom?

Role Reversal

Last but not least, role reversal questions are often a good way to get to values. For example, we might ask, “Tell me about someone who treats you in a way that really pisses you off. What does that person say? What does

he or she do? How does that feel?” (Teenagers often answer these questions with great passion!)

We may then follow up with, “Suppose your roles were reversed—if you were the teacher/father/mother/other kid, and he/she were you, then what would you do differently? What would you say and do that’s different from what he/she says and does?”

We can almost always elicit values around how to treat other people from such questions.

Q: What is “flavoring and savoring”?

Russ: *Flavoring and savoring* is a playful term I like to use to convey the idea of bringing values flexibly into your daily routine and mindfully appreciating the benefits of doing so.

I might say to a client,

When you wake up each morning, pick one or two of your most important values and aim to “flavor” your day with them. See if you can find little ways to “sprinkle” these flavors into whatever you’re doing. Suppose you pick kindness and courage; as you go through your day look for little ways to sprinkle those flavors into your interactions with other people, with yourself, with the world around you; into the things you’re saying and doing, at home and at work and at play.

And whenever you do this, take a moment to “savor” it. Notice what it’s like to be living those values, and whether it’s more like the person you want to be, or less. And if it’s more like the person you want to be, then really savor that; notice what it’s like for you; appreciate it.

This is a good way to set values homework without getting into the nitty-gritty of specific goal setting and action planning. It’s especially useful to have up your sleeve as a quick homework task, for those occasions when you’re running out of time in the session.

The Wrap-Up

Yup, values can be tricky. But if we slow down and dig them out from all the rules, judgments, goals, morals, beliefs, dilemmas, and other stuff they tend to get buried beneath, they're an incredible resource. In ending this chapter, I want to answer another question I'm often asked: How does ACT address psychological needs?

Addressing psychological needs mostly comes under values and committed action. (After all, needs is simply another word for important goals, which, as we discussed, can help clarify values and vice versa.) So we aim to help the client identify what his needs are, and then commit to action to get those needs met as effectively as possible—mindfully and skillfully guided by his values. In other words, we want to help him do what's likely to get his needs met in a healthy, life-enhancing way, behaving like the sort of person he wants to be (as opposed to trying to get them met through manipulation, lying, deceiving, threatening, or coercion). We also want to help him learn how to accept the inevitable pain and be self-compassionate if and when his needs aren't met (which will happen, sooner or later). Self-compassion, of course, is the one value that's infused in the whole model and meets many deeper psychological needs.