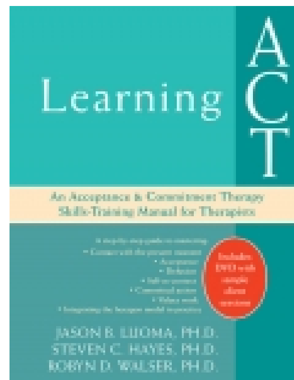
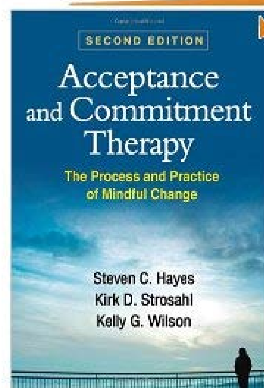
Acceptance and Commitment Therapy (ACT)
Useful information, Contacts, Resources, and Readings

The websites for ACT under the Association for Contextual Behavioral Science site:
www.contextualpsychology.org





We have an email list serve for ACT and one for RFT. Go to Yahoo then groups then search on Acceptance and Commitment Therapy or Relational Frame Theory and follow the instructions to join.

Books (contextual philosophy; relational frame theory, acceptance methods, treatment manuals): See the list maintained at www.contextualpsychology.org. Also check out New Harbinger: www.newharbinger.com

THE QUICK ACT ANALYSIS OF PSYCHOLOGICAL PROBLEMS

- Psychological problems are due to a lack of behavioral flexibility and effectiveness
- Narrowing of repertoires comes from history and habit, but particularly from cognitive fusion and its various effects, combined with resultant aversive control processes.
- Prime among these effects is the avoidance and manipulation of private events.
- "Conscious control" is a matter of verbally regulated behavior. It belongs primarily in the area of overt, purposive behavior, not automatic and elicited functions.
- All verbal persons have the "self" needed as an ally for defusion and acceptance, but some have run from that too.
- Clients are not broken, and in the areas of acceptance and defusion they have the basic psychological resources they need if to acquire the needed skills.
- The value of any action is its workability measured against the client's true values (those he/she would have if it were a choice).
- Values specify the forms of effectiveness needed and thus the nature of the problem. Clinical work thus demands values clarification.
- To take a new direction, we must let go of an old one. If a problem is chronic, the client's solutions are probably part of them.
- When you see strange loops, inappropriate verbal rules are involved.
- The bottom line issue is living well, and FEELING well, not feeling WELL.

A Few Examples of ACT Components

Facing the Current Situation ("creative hopelessness") / Control is a Problem

Purpose: To notice that there is a change agenda in place and notice the basic unworkability of that system; to name the system as inappropriately applied control strategies; to examine why this does not work

Method: Draw out what things the client has tried to make things better, examine whether or not they have truly worked in the client's experience, and create space for something new to happen.

When to use: As a precursor to the rest of the work in order for new responses to emerge, especially when the client is significantly struggling. You can skip creative hopelessness in some cases, however. Things to avoid: Never try to convince the client: their experience is the absolute arbiter. The goal is not a feeling state.

Cognitive Defusion (Deliteralization)

Purpose: See thoughts as what they are, not as what they say they are.

General Method: Expand attention to thinking and experiencing as an ongoing behavioral process, not a causal, ontological result

When to use: When private events are functioning as barriers due to FEAR (fusion, evaluation, avoidance, reasons)

Acceptance

Purpose: support whatever inner experiences are present when doing so fosters effective action.

Method: Reinforce approach responses to previously aversive inner experiences, reducing motivation to behave avoidantly (altering negatively reinforced avoidant patterns).

When to use: When escape and avoidance of private events prevents positive action

Self as Context

Purpose: Make contact with a sense of self that is a safe and consistent perspective from which to observe and accept all changing inner experiences.

General Method: Mindfulness and noticing the continuity of consciousness

When to use: When the person needs a solid foundation in order to be able to experience experiences; when identifying with a conceptualized self

Valuing as a Choice

Purpose: To clarify what the client values for its own sake: what gives your life meaning?

General Method: To distinguish choices from reasoned actions; to understand the distinction between a value and a goal; to help clients choose and declare their values and to set behavioral tasks linked to these values

When to use: Whenever motivation is at issue; after defusion and acceptance have removed avoidance as a compass

Acceptance and Commitment Therapy Core Competency Self-Rating Form

Below are listed a number of statements. Please rate how true each statement is for you when you use ACT, by circling a number next to it. Use the scale below to make your choice.

1	2	3	4	5	6	7	?
never true	**very seldom true**	**seldom true**	**sometimes true**	**frequently true**	**almost always true**	**always true**	***don't know***

Core Competencies Involved in the Basic ACT Therapeutic Stance

The basic psychological stance of the ACT therapist is an especially important factor in providing good treatment. This involves being able to make contact with the "space" from which ACT naturally flows, as well as modeling certain facets of psychological flexibility that we seek to impart to the client. Like many treatment traditions, ACT emphasizes the importance of therapist warmth and genuineness. This stance emerges quite naturally from the core understanding of human suffering from an ACT perspective. When we see our clients trapped by language, we see ourselves and the traps which generate our own pain. An "I and thou" perspective is the natural precipitant of this recognition. Collectively, the following attributes define the basic therapeutic stance of ACT.

1	The therapist realizes that he or she is in the same soup as the client and speaks to the client from an equal, vulnerable, genuine, and sharing point of view	☐
2	The therapist models willingness to hold contradictory or difficult ideas, feelings, memories, and the like without needing to "resolve" them.	☐
3	The therapist takes a compassionate and humanizing stance toward the client's suffering and avoids criticism, judgment or taking a "one up" position	☐
4	The therapist always brings the issue back to what the client's experience is showing, and does not substitute his or her opinions for that genuine experience	☐
5	The therapist does not argue with, lecture, coerce or even attempt to convince the client of anything. If you find yourself attempting to change a client's mind, stop. You are not doing ACT.	☐
6	The therapist does not explain the "meaning" of paradoxes or metaphors to develop "insight"	☐
7	The therapist is willing to self disclose about personal issues when it makes a therapeutic point	☐
8	The therapist avoids the use of "canned" ACT interventions. Interventions are responses to the particular client we are treating.	☐

9	The therapist tailors interventions to fit the client's language and immediate life experience	☐
10	The therapist sequences and applies specific ACT interventions in response to client needs, and is ready to change course to fit those needs at any moment	☐
11	New metaphors, experiential exercises and behavioral tasks are allowed to emerge from the client's own experience and context	☐
12	ACT relevant processes are recognized in the moment and where appropriate are directly supported in the context of the therapeutic relationship	☐

Developing Acceptance and Willingness/Undermining Experiential Control

13	Therapist communicates that client is not broken, but is using unworkable strategies	☐
14	Therapist helps client examine direct experience and detect emotional control strategies	☐
15	Therapist helps client make direct contact with the paradoxical effect of emotional control strategies	☐
16	Therapist actively uses concept of "workability" in clinical interactions	☐
17	Therapist actively encourages client to experiment with stopping the struggle for emotional control and suggests willingness as an alternative.	☐
18	Therapist uses shifts between control and willingness as an opportunity for the client to directly experience the contrast in vitality between the two strategies.	☐
19	Therapist helps client investigate relationship between levels of willingness and sense of suffering willingness suffering diary; clean and dirty suffering)	☐
20	Therapist helps client make experiential contact with the cost of being unwilling relative to valued life ends (Are you doing your values; listing out value, emotional control demand, cost, short term/long term costs and benefits)	☐
21	Therapist helps client experience the qualities of willingness (a choice, a behavior, not wanting, same act regardless of how big the stakes)	☐
22	Therapist uses exercises (jumping; cards in lap, eye contact) and metaphors (box full of stuff, Joe the bum) to help client contact willingness the action in the presence of difficult material	☐
23	Therapists structures graded steps or exercises to practice willingness	☐
24	Therapist models willingness in the therapeutic relationship	☐

25	Therapist detects struggle in session and teaches the clients to do so	☐

Undermining Cognitive Fusion

26	Therapist identifies client's emotional, cognitive, behavioral or physical barriers to willingness	☐
27	Therapist suggests that "attachment" to the literal meaning of these experiences makes willingness difficult to sustain	☐
28	Therapist actively contrasts what the client's "mind" says will work versus what the client's experience says is working	☐
29	Therapist uses language tools (get off our buts, both/and), metaphors (bubble on the head, two computers, monsters on the bus) and experiential exercises (tin can monster) to create a separation between the client and client's conceptualized experience	☐
30	Therapist uses various interventions to both reveal the flow of private experience and such experience is not "toxic"	☐
31	Therapist works to get client to experiment with "having" these experiences, using willingness as a stance	☐
32	Therapist uses various exercises, metaphors and behavioral tasks to reveal the "hidden" properties of language (milk, milk, milk; what are the numbers?)	☐
33	Therapist helps client elucidate the client's "story" and helps client make contact with the arbitrary nature of causal relationships within the story	☐
34	Therapist helps client make contact with the evaluative and reason giving properties of the client's story (no thing matters, good cup/bad cup)	☐
35	Therapist detects "mindiness" (fusion) in session and teaches the client to detect it as well	☐

Getting in Contact with the Present Moment

36	Therapist can defuse from client content and direct attention to the moment	☐
37	Therapist can bring his or her own feelings or thoughts in the moment into the therapeutic relationship	☐
38	Therapist uses exercises to expand the clients sense of experience as an ongoing process	☐
39	Therapists tracks content at multiple levels and emphasizes the present when it is useful	☐

40	Therapist models coming back to the present moment	☐
41	Therapist detects client drifting into past and future orientation and comes back to now	☐
42	Therapists teaches the client to do likewise	☐

Distinguishing the Conceptualized Self from Self-as-context

43	Therapist helps the client differentiate self-evaluations from the self that evaluates (thank your mind for that thought, calling a thought a thought, naming the event, pick an identity)	☐
44	Therapist employs mindfulness exercises (the you the you call you; chessboard, soldiers in parade/leaves on the stream) to help client make contact with self-as-context	☐
45	Therapist uses metaphors to highlight distinction between products and contents of consciousness versus consciousness (furniture in house, are you big enough to have you)	☐
46	The therapist employs behavioral tasks (take your mind for a walk) to help client practice distinguishing private events from self	☐
47	Therapist helps client understand the different qualities of self conceptualization, just noticing events and simple awareness	☐

Defining Valued Directions

49	Therapist helps client clarify valued life directions (values questionnaire, value clarification exercise, what do you want your life to stand for, funeral exercise)	☐
50	Therapist helps client “go on record” as wanting to stand for valued life ends	☐
51	Therapist puts his or her own therapy relevant values in the room and models their importance	☐
52	Therapist teaches clients to distinguish between values and goals	☐
53	Therapist distinguishes between outcomes and processes	☐
54	Therapist respects client values and if unable to support them, finds referral or other alternatives	☐

Building Patterns of Committed Action

55	Therapist helps client identify valued life goals and build an action plan	☐
56	Therapist encourages client to “have” barriers and make and keep commitments	☐
57	Therapist uses exercise and non traditional uses of language to reveal hidden sources of interference to committed actions (fish hook metaphor, forgiveness, who would be made right, how is your story every going to handle you being healthy)	☐
58	Therapist encourages client to take small steps and to look at the quality of committed action	☐
59	Therapist keep clients focused on larger and larger patterns of action	☐
60	Therapist integrates slips or relapses into the experiential base for future effective action	☐

Reference Material

This section includes a list of references. For many references, there is a brief description of the study or book. This section is not extensive, but rather an overview. A broader and more thorough list of publications is located on contextualpsychology.org. In addition, you can review the ACT/RFT Reader's Update that includes summaries and lists of recent publications:

The ACT/RFT Reader's Update is a small periodical that provides brief summaries of recent ACT and RFT publications that are printed in peer-reviewed journals. The goal is to keep busy clinicians and researchers informed. The Update also lists references with abstracts, citations for the latest books, book chapters, unpublished dissertations, editorials, commentaries, and presentations. We hope to include information that is relevant, scientifically sound, and of interest to ACT/RFT clinicians and researchers. The Update is published quarterly. You can find it at:

http://www.contextualpsychology.org/ACT_RFT_Reader_s_update

General ACT Books

Luoma, J., Hayes, S. C. & Walser, R. (2007). *Learning ACT.* Oakland, CA: New Harbinger. [A step by step learning companion for the 1999 book. Very practical and helpful. Great book.]

Hayes, S. C. & Strosahl, K. D. (2005). *A Practical Guide to Acceptance and Commitment Therapy.* New York: Springer-Verlag. [Shows how to do ACT with a variety of populations]

Hayes, S. C., Strosahl, K. & Wilson, K. G. (2012). *Acceptance and Commitment Therapy, 2nd Edition: The process and practice of mindful change.* New York: Guilford Press. [This is still the main ACT book but it should no longer stand alone.]

There are many ACT Books published by New Harbinger Publications: Newharbinger.com

Samples:

Anger: Client book

Eifert, G. H., McKay, M., & Forsyth, J. P. (2006). *ACT on life not on anger: The new Acceptance and Commitment Therapy guide to problem anger.* Oakland, CA: New Harbinger. [The first book to adapt ACT principles to dealing with anger. It teaches readers how to change their relationship to anger by accepting rather than resisting angry feelings and learning to

make values-based responses to provocation. Has been tested successfully in a small randomized trial.]

Anxiety: Professional book

Eifert, G. & Forsyth, J. (2005). *Acceptance and Commitment Therapy for anxiety disorders.* Oakland: New Harbinger. [Good book with a protocol that shows how to mix ACT processes into a brief therapy for anxiety disorders].

Chronic pain: Professional book

Dahl, J., Wilson, K. G., Luciano, C., & Hayes, S. C. (2005). *Acceptance and Commitment Therapy for Chronic Pain.* Reno, NV: Context Press. [Describes an ACT approach to chronic pain. Very accessible and readable. One of the better clinical expositions on how to do ACT values work.]

Chronic pain: Client book

Dahl, J. C., & Lundgren, T. L. (2006). *Living Beyond Your Pain: Using Acceptance and Commitment Therapy to Ease Chronic Pain.* Oakland, CA: New Harbinger. [Uses ACT principles to help those suffering from pain transcend the experience by reconnecting with other, more valued aspects of their lives.]

Depression: Professional book

Zettle, R. (2007). *ACT for Depression: A Clinician's Guide to Using Acceptance & Commitment Therapy in Treating Depression.* Oakland, CA: New Harbinger. [An solid book from one of the founders of ACT on one of the most pervasive problems human beings face.]

Depression: Client Book

Strosahl, K. D. & Robinson, P. J. (2008). The Mindfulness & Acceptance Workbook for Depression: Using Acceptance & Commitment Therapy to Move Through Depression & Create a Life Worth Living. Oakland, CA: New Harbinger**.**

Eating disorders: Client book

Heffner, M., & Eifert, G. H. (2004). *The anorexia workbook: How to accept yourself, heal suffering, and reclaim your life.* Oakland, CA: New Harbinger. [An eating disorders patient workbook on ACT.]

General ACT book for Clients

Hayes, S. C., & Smith, S. (2005). *Get out of your mind and into your life.* Oakland, CA: New Harbinger. So far the only general purpose ACT book for the public. This book can supercharge ACT clinical work when used as homework -- very easy to use as an aid to almost any course of ACT treatment. Cheap and easy for clients to get, since it is in most bookstores. Also designed to be useful on its own and can virtually be a treatment manual for beginning ACT clinicians. Send Mom a copy and she will understand what the heck you are talking about. Or send her the Time Magazine or O Magazine on it. Has been tested successfully in large randomized trials, both alone or within ACT treatment protocols.

Trauma: Professional book

Walser, R., & Westrup, D. (2007). *Acceptance & Commitment Therapy for the Treatment of Post-Traumatic Stress Disorder & Trauma-Related Problems: A Practitioner's Guide to Using Mindfulness & Acceptance Strategies.* Oakland, CA: New Harbinger. [A very practical and accessible approach to using ACT to treat post-traumatic stress disorder (PTSD) and acute trauma-related symptoms.]

Trauma: Client book

Follette, C., & Pistorello, J. (2007). *Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems.* Oakland, CA: New Harbinger. [Applies the principles of ACT to help readers cope with the after effects of traumatic experience. Straightforward, practical, and useful]

Worry: Client book

Lejeune, C. (2007). *The Worry Trap: How to Free Yourself from Worry & Anxiety using Acceptance and Commitment Therapy.* Oakland, CA: New Harbinger. [A guide to the application of ACT to worry and generalized anxiety.]

Couples: Client book

Harris, R. (2009). ACT with Love: Stop Struggling, Reconcile Differences, and Strengthen Your Relationship with Acceptance and Commitment Therapy. CA: Oakland. [A self-help book that guides couple through ACT in relationship.]

Applied/Seminal Theory Articles

Hayes, S. C., Follette, V. M., & Linehan, M. (2004). *Mindfulness and acceptance: Expanding the cognitive behavioral tradition.* New York: Guilford Press. [Shows how ACT is part of a change in the behavioral and cognitive therapies more generally]

Chantry, D. (2007). *Talking ACT: Notes and conversations on Acceptance and Commitment Therapy.* Reno, NV: Context Press. [This is an edited version of the ACT listserv from July 2002 through August 2005 compiled by a therapist, for therapists. Functions as a quick reference on a wide range of ACT topics (acceptance, anxiety, behavior analysis, choice, clinical resources, contextualism, etc)]

Hayes, S. C., Jacobson, N. S., Follette, V. M. & Dougher, M. J. (Eds.). (1994). *Acceptance and change: Content and context in psychotherapy.* Reno, NV: Context Press. [Some of the fellow travelers. This was the book length summary of the 3rd wave that was coming. Still relevant]

Basic

Hayes, S. C., Barnes-Holmes, D., & Roche, B. (2001) (Eds.), *Relational Frame Theory: A Post-Skinnerian account of human language and cognition.* New York: Plenum Press. [Not for the faint of heart, but if you want a treatment that is grounded on a solid foundation of basic work, you've got it. This book is the foundation.] There are several additional RFT relevant books (see contextpress.com) and a "Practical Guide to RFT" that is coming within the next year or so.

Philosophical

Hayes, S. C., Hayes, L. J., Reese, H. W., & Sarbin, T. R. (Eds.). (1993). *Varieties of scientific contextualism.* Reno, NV: Context Press. [If you get interested in the philosophical foundation of ACT, this will help]

A Sample of Theoretical and Review Articles Relevant to ACT

Hayes, S. C., Luoma, J., Bond, F., Masuda, A., and Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes, and outcomes. *Behaviour Research and Therapy, 44,* 1-25.
[A meta-analysis of ACT processes and outcomes. Reviews all AAQ and ACT clinical studies]

Hayes, S. C., Masuda, A., Bissett, R., Luoma, J. & Guerrero, L. F. (2004). DBT, FAP, and ACT: How empirically oriented are the new behavior therapy technologies? *Behavior Therapy, 35,* 35-54. [Tutorial review of the empirical evidence on ACT, DBT, and FAP]

Hayes, S. C. (2004). Acceptance and Commitment Therapy, Relational Frame Theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy, 35,* 639-665. [Makes the case that ACT is part of a larger shift in the field.]

Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Emotional avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64,* 1152-1168. [This reviews the data relevant to an ACT approach to psychopathology, as of the mid-90's. Still relevant]

Longmore, R. J., & Worrell, M. (2007). Do we need to challenge thoughts in cognitive behavioral therapy? *Clinical Psychology Review, 27*, 173-187. A comprehensive review of the evidence in three keys areas that question the idea that trying to change the form of thoughts is helpful. It finds little evidence that specific cognitive interventions significantly increase the effectiveness of CBT or that cognitive change is causal in the symptomatic improvements achieved in CBT. It does not find enough evidence to conclude that there is an early rapid response to CBT (before cognitive methods). Overall, the review supports the view of the basic ACT concern with traditional CBT.

A Few Mindfulness References

Baer (2003). Mindfulness Training as a clinical intervention: A conceptual and empirical review. Clinical Psychology: Science and Practice, 10(2), 125-142.

Carlson, L. E., Speca M., Patel, K. D., & Goodey, E. (2003). Mindfulness-Based Stress Reduction in Relation to Quality of Life, Mood, Symptoms of Stress, and Immune Parameters in Breast and Prostate Cancer Outpatients. Psychosomatic Medicine, 2003, 571-581.

Chodron, Pema. *The Wisdom of No Escape and the Path of Loving-Kindness*. Boston: Shambhala Publications, 1991.

Davidson, R.J., Kabat-Zinn, J., Schumacher, J. et al. (2003). Alterations in brain and immune function produced by mindfulness meditation. Psychosomatic Medicine, 65, 564-570.

Grepmair, L. ; Mitterlehner, F. ; Loew, T. ; Bachler, E. ; Rother, W. ; Nickel, M. (2007). Promoting Mindfulness in Psychotherapists in Training Influences the Treatment Results of Their Patients: A Randomized, Double-Blind, Controlled Study. Psychotherapy and Psychosomatics, 76, 332-338

Grossman, et.al. (2004). Mindfulness-based stress reduction and health benefits: A meta Analysis. Journal of Psychosomatic Research 57(1), 35-43.

Hanh, Thich Nhat. *The Art of Mindful Living - CD*. Boulder: Sounds True, 2000.

Kabat-Zinn, Jon. *Full Catastrophe Living*. New York: Dell Publishing, 1990.
---. *Mindfulness For Beginners – CD*. Boulder: Sounds True, 2006.
---. *Wherever You Go There You Are*. New York: Hyperion, 1994.

Kabat-Zinn, J. (1982). An out-patient program in Behavioral Medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. Gen. Hosp. Psychiatry, 4, 33-47.

Kabat-Zinn, J., Lipworth, L. and Burney, R. The clinical use of mindfulness meditation for the self-regulation of chronic pain (1985). J. Behav. Med, 8, 163-190.

Kabat-Zinn, J., Lipworth, L., Burney, R. and Sellers, W. (1986). Four year follow-up of a meditation-based program for the self-regulation of chronic pain: Treatment outcomes and compliance. Clin.J.Pain, 2, 159-173.

Kabat-Zinn, J., Massion, A.O., Kristeller, J., Peterson, L.G., Fletcher, K., Pbert, L., Linderking, W., Santorelli, S.F. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. Am. J Psychiatry, 149, 936-943.

Kabat-Zinn, J., Wheeler, E., Light, T., Skillings, A., Scharf, M.S., Cropley, T. G., Hosmer, D., and Bernhard, J. (1998). Influence of a mindfulness-based stress reduction intervention on rates of skin clearing in patients with moderate to severe psoriasis undergoing phototherapy (UVB) and photochemotherapy (PUVA) Psychosomat Med, 60, 625-632.

Kaplan, HK, Goldenberg, DL, and Galvin-Nadeau, M. (1993) The impact of a meditation-based stress reduction program on fibromyalgia. Gen Hosp. Psychiatry, 15, 284-289.

Linehan, M. M., Armstrong, H. E., Suarez, A., Allmon, D., & Heard, H. L. (1991). Cognitive-behavioral treatment of chronically parasuicidal borderline patients. Archives of General Psychiatry, 48, 1060-1064.

Linehan, M. M., Dimeff, L. A., Reynolds, S. K., Comtois, K. A., Welch, S. S., Heagerty, P., et al. (2002). Dialectical behavior therapy versus comprehensive validation therapy plus 12-Step for the treatment of opioid dependent women meeting criteria for borderline personality disorder. Drug and Alcohol Dependence, 67, 13-26.

Miller, J., Fletcher, K. and Kabat-Zinn, J. (1995). Three-year follow-up and clinical implications of a mindfulness-based stress reduction intervention in the treatment of anxiety disorders. Gen. Hosp. Psychiatry, 17, 92-200.

Scarantino, J. “The Dalai Lama of PTSD.” *Albuquerque Weekly Alibi*, March 29 – April 4, 2007.

Teasdale, JD, Segal, ZV, Williams MG, Ridgeway, VA, Soulsby, JM, Lau, MA. (2000) Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy. J. of Consulting and Clinical Psychology, 68, 615-623.

Weil, Andrew. *Dr. Andrew Weil’s MindBody Tool Kit*. Boulder: Sounds True, 2005.

Williams JMG, Teasdale JD, Segal ZV and Soulsby J. (2001) Mindfulness-based cognitive therapy reduces overgeneral autobiographical memory in formerly depressed patients. J Abnorm Psychol, 109, 150-155.

Winchell, Mary Alice. *One Breath at a Time - DVD*. Placitas, NM: Inner Systems, Inc., 2006.