

# **Acceptance and Commitment Therapy (ACT) ADVANCED Workshop Handout**

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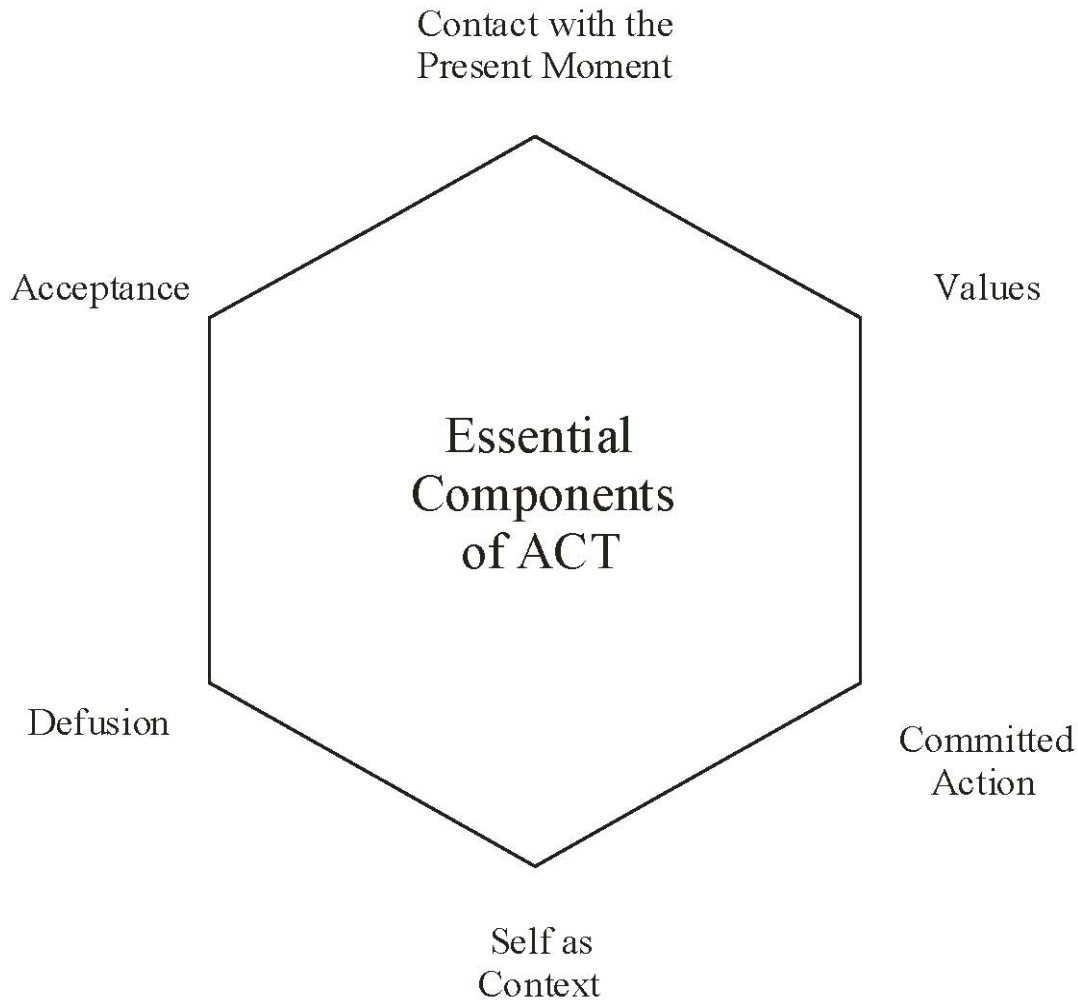
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## A Quick Refresher: What is Acceptance and Commitment Therapy?



- Acceptance and Commitment Therapy is an empirically-supported mindfulness-based cognitive-behavioural therapy.
- ACT has two major goals:
  - **To foster acceptance of unwanted private experiences which are out of personal control**
  - **To facilitate commitment and action towards living a valued life**

Put technically:

- **The goal of ACT is to increase psychological flexibility: the ability to contact the present moment and the psychological reactions it produces, as a fully conscious human being, and based on the situation, to persist with or change behaviour for valued ends**

Put more simply:

- **The aim of ACT is to create a rich, full and meaningful life, while accepting the pain that inevitably goes with it.**

## **There are six core processes in ACT:**

### ***1. Contact with the Present Moment***

Conscious awareness of your experience in the present moment enables you to perceive accurately what is happening

Gives you important information about whether to change or persist in behaviour

Enables you to 'catch' cognitive fusion 'in flight'

Allows you to engage fully in what you are doing

### ***2. Acceptance***

Actively contacting psychological experiences directly, fully, and without needless defense

Definition: defused, open, undefended contact with the present moment, as a fully conscious human being.

Colloquial: 'Opening yourself fully to experience, as it is, not as your mind says it is'

### ***3. Defusion***

Looking *at* thoughts, rather than *from* thoughts

Noticing thoughts, rather than being caught up in thoughts

Seeing thoughts as what they are, not as what they seem to be

- Aim of Defusion is **NOT** to feel better, nor to get rid of unwanted thoughts
- Aim of Defusion **IS** to reduce influence of unhelpful cognitive processes upon behaviour; to facilitate being psychologically present & engaged in experience; to facilitate awareness of language processes, in order to enhance psychological flexibility

### ***4. Self-as-context***

A transcendent sense of self: a consistent perspective from which to observe and accept all changing experiences. (Often called The Observing Self)

It is a process, not a thing: an awareness of awareness itself: 'pure awareness'

### ***5. Values***

Chosen life directions

Technically: 'a desired quality of ongoing action'

*'Your heart's deepest desires for the sort of person you want to be and the things you want to do in your time on this planet; in other words, what you want to stand for in life'*

**Provide motivation & inspiration; Provide guidance for your actions**

**Give life meaning; Give a sense of abundance**

**Are different to goals**

### ***6. Committed Action***

Overt behavior in the service of values  
(may require skills training)

*Committed action is:*

- Values-guided action
- Effective action
- Mindful action

### **Mindfulness (processes 1 to 4 above)**

The official ACT definition of mindfulness is:

*The defused, accepting, open contact with the present moment and the private events it contains, as a conscious human being, experientially distinct from the content being noticed.*

My definition: “Consciously bringing awareness to your here-and-now experience, with openness, interest and receptiveness.”

### **The Stance of the Therapist**

My mountain, your mountain

We are all in the same boat

Self-disclosure

Willingness to accept our own “stuff”

### **Confronting the Agenda (AKA Creative Hopelessness)**

Making the client aware that there is an ‘unworkable’ change agenda.

Workability = the extent to which a behaviour ‘works’ in the long term to create a rich, full, meaningful life.

Client is trying to improve their life by using emotional control strategies in contexts where they don’t work and/or they reduce quality of life.

Q: What have you tried? How has it worked *in the long term*? What has it cost?

### **The Barriers to taking action: F.E.A.R.**

Fusion (esp. evaluation & reason-giving)

Expectations

Avoidance

Remoteness

### **The Antidote: A.C.T.**

Accept your internal experience

Choose a valued direction

Take action

### **ACT interventions:**

Increase awareness of control vs acceptance

Sensitise to processes of human language

Have client connect with their own experience, rather than believing the ‘expert’

Teach mindfulness skills

Values exploration & clarification

Values-guided behavioural change

Support with behavioral strategies such as exposure, behavior activation, skills training

### **Control is the Problem**

Many attempts to control and avoid unwanted private experience increase unwanted private experience (e.g. thought stopping)

Many attempts to control and avoid unwanted private experience lead to psychological and/or physical harm (e.g. addictions)

Avoidance decreases psychological flexibility and opportunities for positive reinforcement

### **Acceptance and Control**

ACT advocates controlling that over which we have most control: the actions we take, and the way we pay attention

ACT advocates acceptance of unwanted private experience that is out of personal control

ACT only targets experiential avoidance that is costly, harmful or life-distorting.

### **A Key Insight of ACT**

Unwanted private experiences (PE) are not harmful in and of themselves; they only become so in a context of experiential avoidance (EA) and cognitive fusion (CF).

### **The Vicious Cycle**

unpleasant private experiences (UPE) in a context of cognitive fusion (CF) => 'Threat'

Threat => experiential avoidance (EA)

EA => Paradoxical effects & significant costs => Increase in UPE => 'Threat' increases

=> More EA => Even more UPE => Increased 'Threat' => Increased EA ... etc

### **ACT Case Conceptualisation**

Client Agenda: *I need to get rid of X,Y,Z before I can live a meaningful life*

ACT Agenda: *Accept X,Y,Z (i.e. handle them using mindfulness skills) and live a meaningful life NOW!*

### **ACT Case Conceptualisation: 2 Simple Questions**

- What direction does the client want to take their life in?
- What private experiences stand in their way? (What are they fusing with? What are they avoiding?)

### **ACT Case Conceptualisation**

There are six core pathological processes that correspond to the six core intervention processes. In taking a history, we should look for these:

1. Loss of contact with the present moment (preoccupation with a conceptualized past or future)
2. Cognitive Fusion
3. Experiential avoidance
4. Remoteness from values
5. Lack of committed action (Impulsive/ineffective/avoidant/'mindless' action)
6. Self-as-content (Over-identification with a conceptualized self)

## 40 Tips For Getting “Unstuck” In Acceptance & Commitment Therapy

1. Stop, breathe, notice what’s happening!
2. Slow down!!! (Catch yourself speeding up, or trying frantically to think of what to do next, or pulling out metaphor after metaphor, etc – and deliberately slow down.)
3. Be aware of your own reactions, and make room for them rather than getting caught up in them. Bring your attention back to your client. Focus on the **WHOLE CLIENT** – not just on the attention-grabbing bit of language that came out of their mouth.
4. If feeling overwhelmed, suggest a bit of mindfulness: “Let’s just take a few moments to notice what’s happening here; to sit with our thoughts and feelings.”
5. If you screwed up, admit it and apologise: “I’m really sorry. I can see I’ve made a mistake here. I’ve been doing X,Y, Z, and I don’t think that’s been helpful.”
6. Admit if you’re lost: “I’m feeling a bit lost here. I’m not sure where we’re going.” Then come back to basics. Make sure you know what the client wants: “Can we just come back to the basics for a moment. I want to just get clear about why you’re here, and how you want your life to be different – so that we can make sure we’re both working on the same project.”
7. Admit if you’re overwhelmed: “I have to confess, I’m a feeling a bit stunned by what you’ve just told me. Can we just take a couple of moments, here. Let’s just notice our breathing for a while, and let the dust settle a little.”
8. Admit if you’re confused. “I’m sorry, I’m feeling a bit confused. Can I have a couple of minutes to reflect on what’s happening here?”
9. Come back to values: “What’s important to you? Deep in your heart, what matters? What do you want your life to be about?”
10. Come back to workability: “How’s this working for you? If you keep doing this, where does it take your life? If you buy that thought, how does that work in terms of creating the life you want?”
11. If you’re not sure where therapy is going, ask client to rate quality of life now on a scale of 0 to 10. Then ask what needs to happen to take it up one level. This leads you directly to goals, values and barriers.
12. Make sure your client has not enrolled you in a control agenda, eg trying to feel less anxious, or trying to get rid of depression.
13. Make sure you haven’t fused with your own unhelpful thoughts like “This client is too far gone; there’s no hope for them.” Or “This client will never change.”
14. Make sure you haven’t bought into the client’s unhelpful stories (I’m damaged goods; I’ll always be like this; No one will ever want me; etc)
15. Accept there will be times that clients are unwilling, or they’ll fall back into self-defeating control strategies. Bring their attention to what they’re doing with compassion, not with frustration or irritation or lecturing/warning/cajoling. (If you catch yourself doing the latter, admit it and apologise.)
16. Position: try changing your position in the room: e.g. move your chair so that you’re sitting by the client’s side, and act as if “the problem” is sitting right there in front of both of you. “Now, let’s take a look at this thing. I want to see it how you see it.”
17. Self-Disclosure: “I know you don’t think this will work & the truth is, I don’t know if it will work for you. I hope it will, and I think it will, but I can never know for certain.”
18. State your intention: “I’m committed to you. I want you to lead a whole life.”
19. Present Moment/ Breath: “Could we just breath together for a moment. We need to breathe and connect with why we’re doing this work”
20. Clarify hidden barriers to change: “If you made positive changes in your life, who would be made wrong by that? Who would be made right by that? What negative consequences might follow, if you did make some good progress?”

- 21 Run through F.E.A.R acronym, to identify barriers to change.
22. Ask: “What matters? What’s important to you? What matters even a little?”
23. Ask: “As a kid/ teenager what did you dream about what did you hope for? I know this may be painful, so just tell me a little if you want to.”
24. Ask: Who cares about what matters to you? Go home to them, and talk about it.
25. If client says “nothing matters”, ask them “Where does that lead to? How does that work for you?” (i.e. functional analysis of the language, rather than believing it)
26. Ask: “What do you want your life to be like? What are you afraid of? If you could have all these important, meaningful things in your life, would you be willing to make room for some uncomfortable thoughts and feelings? Are you willing to have some discomfort, if it gives your life back?”
27. Lower your expectations: “I think I’ve been pushing you too hard. I didn’t realize what I was asking of you would be so challenging. Let’s scale it down a bit.”
28. Validate all efforts, no matter how miniscule! For Homework: set a small change in a positive direction – and make sure **THE CLIENT OWNS IT!**
29. If client persistently refuses to make changes: “Maybe you’re not ready for this, yet. Maybe you need to keep doing what you’re doing, until you really experience for yourself that it’s not working.” Or, more bluntly: “Maybe you haven’t suffered enough. Maybe you need to suffer more, before you’re willing to try something different.” Or “Maybe I’m not the right therapist for you. Maybe you’d do better with someone who works in a different way.” (And be willing to refer them on, if necessary. Not everyone responds well to ACT)
30. For mandated clients: “How’s this working for you, being forced to come and see someone like me each week? Is this how you want your life to be?”
31. For mandated clients: “I want you to know that my agenda here is to help you. I’m not here to serve the purposes of your wife/husband/parents/lawyer/doctor/prison service/parole officer/legal system .... I’m here to help you create the best possible life you can. I don’t expect you to believe that. I’m just telling you how it is.”
32. Come back to realistic expectations from clients and yourself. Complex skills happen from multiple attempts. (Most ex-smokers quit 8 times before they have the skills to remain off cigarettes for good.) Develop compassion for setbacks. Remind them: commitment does not mean achieving all your goals and never screwing up!
33. If client insists they can’t add anything new into their life, then find something they’re already doing (that they genuinely value) and ask them to keep going with that.
34. If client gets stuck on refusing to choose between different alternatives, point out that “not choosing” is a choice. Which means there’s no way not to choose. The only choice is this: choose in line with your values, or choose in line with avoidance (ie what’s going to give you the least discomfort in the short term). Which choice is most likely to give you a full, rich and vital life? (In this situation, whatever you choose will give rise to discomfort – so you can make a valued choice, move in a meaningful life direction, and make room for the discomfort that goes with it – or you can make an avoidant choice, stay away from what you truly value, and struggle with the discomfort that goes with it. There’s no choice without discomfort. Which do you prefer?)
35. When setting goals with clients, ask: “Is there anything that will create a barrier, apart from your mind telling you unhelpful stories?” Address any barriers. Then ask: “How sure are you, on a scale of 1 to 10, that you’re going to follow through on this?” If they score low, then backtrack – make the goal smaller.

36. Watch out for “therapist bait”. Respond: “This all sounds important ....(validate what they’ve said) ... and yet it seems to me that if we focus on that, it’s pulling us away from the work that needs to be done here.”

37. Connect clients with the fact they’re making choices by pointing out: when this situation occurs you have options. You can do A, B, C, D, E. Up until now, you’ve been choosing to do A. How is that working for you?” If client says, “But I have no choice in the matter. I have to do A.” Response: “So your mind says you have no choice. If you allow that thought to rule your life, what are the consequences? Where does that lead you? Does it take you closer to the life you want? What’s really happening here is that you’re choosing to do A, instead of B and C, and your mind is saying, ‘But I have no choice’ and you’re buying it - hook, line and sinker.’ If client insists, “I have no choice” – you can point out, “Right now you have a choice, as to whether you buy into that thought literally, as the absolute truth – or whether you step back and see it as it is – a bunch of words.” Then do some defusion work around the phrase ‘I have no choice’ – eg sing it, say it in a silly voice.

38. If a client wants to go over and over the story of “how they got broken”, you can respond (compassionately): “We can spend hours, days, weeks going over this – how will that take you closer to the life you want?” (Also: “How many hours have you already spent going over this, before you ever started working with me? And what did that get you?) (Also: give the metaphor of actually fixing the gearbox on the car, as opposed to spending hours analyzing every journey the car has ever been on in an attempt to figure out why the gearbox started malfunctioning. )

39. Client continually throws up objections: “I don’t have time” “It’s too hard” “It won’t work” “I can’t do it”. Response: “I guarantee you that as we keep working together, your mind will throw up all sorts of objections. The ones you’ve just mentioned, and many others. Your mind’s not going to suddenly become a cheerleader. It’s not going to be shouting ‘Ra! Ra! You can do it!’ It will keep on objecting and objecting. So can we let your mind keep objecting, and carry on doing the work that’s important here?”

Also, when setting valued goals, you could say: “I guarantee your mind will object to this. And the more you persist, the stronger it will object. It’s like a little kid, trying to get its own way. So let’s see if you can really piss it off. See if you can provoke it into having a full-on temper tantrum. And show it that no matter how much it screams and cries and yells and threatens, you’re going to do what you want to do – not what your mind wants you to do!”

40. Clarify whether there are important skills your client is lacking – such as problem solving, assertiveness, time management, communication, conflict management, social skills, crisis-coping skills etc. You may need to spend a number of sessions developing these skills, (or refer your clients elsewhere to learn them) before much progress can be made in a particular valued direction.



## Motivation & Resistance

“Resistance” – not a “trait”; just a “state”. Under the right circumstances, anyone would be resistant!

Aim of an ACT therapist: focus on changing behaviour, while not needing to change private events. Q: If client’s behaviour is not changing, why not?

5 possible factors:

1. Experiential avoidance (e.g. don’t talk about the problem, so you can avoid thoughts and feelings related to it)
2. Secondary gains: e.g. attention, help, reduced expectations from others
3. Problem is reinforced by ‘coherence’ or ‘making sense’ – e.g. if fused with self-concept ‘I’m lazy’ or ‘I’m useless’
4. Mismatch between therapy and problem – e.g. client fixed on psychoanalysis
5. Lacking necessary skills

If client is not changing behaviour:

1. Clarify values: Are these genuine values, or ‘imposed’? Is the behavioural goal consistent with the values?
2. Identify barriers: FEAR
  - Fusion
  - Excessive goals
  - Avoidance of discomfort
  - Remoteness from values
3. Confronting the agenda (of control): What have you tried? How has it worked? What has it cost?
4. Workability: How’s this working for you *in the long term* to create a better life? (Have you suffered enough to be willing to do something different?)
5. Control is the problem: Normalise the control agenda. Then look at it non-judgmentally but realistically.
6. Antidote to FEAR = DARE
  - Defusion
  - Acceptance of discomfort
  - Realistic goals
  - Embrace values

When stuck, always come back to workability!

If client says, “I can’t stand it” – go into programming (Children should be seen and ...) “The likelihood is that “I can’t stand it” will keep showing up. You don’t have a choice about that. The choice is, how much attention do you pay it? How much importance do you give it?”

In some circumstances, you may compassionately say: “You do not *have to* do this. It’s your choice. You came here for a better life. You can choose to leave at any point, and never come back. Or you can choose to stay and do some meaningful work.”

May ask: “When I’m asking you to do these exercises, what feelings show up? Would you be willing to have those feelings, in order to make a better life?”

# A SIMPLE GUIDE TO ACT CASE FORMULATION

## 1) The Problem

- a) The client's story of what the problem is
- b) The client's story of how the problem evolved
- c) What has the client tried, and how has it worked?
- d) Why does the client see the presenting complaint as problematic?
- e) What would they start, stop, do more of or less of, if the problem was solved? What direction would they like their life to go in?
- f) The ACT conceptualisation of the problem: what's the client avoiding, how are they doing it, what are they fused with, what are the costs?

## 2) The Context

This includes health, work, finances, relationships, family, culture, etc. Also look for factors that reinforce the problem – e.g. getting attention, manipulating others, disability benefits, avoiding fears of rejection/ intimacy/failure, cultural beliefs, etc.

## 3) Psychological Inflexibility

a) *Loss of Contact With the Present Moment* – how much time does the client spend dwelling on/ reliving the past or daydreaming/ worrying about the future? What is the client's ability to be “in-touch” with the present moment?

b) *Cognitive Fusion*. What sort of unhelpful cognitive content is the client fused with – rigid rules, self-limiting beliefs, unrealistic expectations, negative self-evaluations, reason-giving, being right etc.

c) *Experiential Avoidance* – what private experiences is the client avoiding, and how? How pervasive is E.A. in the client's life?

d) *Self-As-Content*. What is the client's “conceptualised self”? (eg do they see themselves as broken/ damaged/ unlovable, defective etc..) How fused are they to this self-image?

e) *Remoteness From Values* – how disconnected is the client from their own true values? To what degree are they able to connect with what they really want in life?

f) *Lack of Effective, Committed Action*. In what ways are clients' actions self-defeating? Do they lack necessary skills for change? Do they fail to persist, when persistent action is required? Or do they inappropriately continue when such action is ineffective?

**4) Motivational factors:** Assess both positive (What would a valued, meaningful life look like to this client? What goals do they have? ) and negative (barriers to change, as in the F.E.A.R. acronym, plus secondary gains maintaining the problem)

**5) Psychological Flexibility:** Assess areas of life in which the client exhibits psychological flexibility through defusion, acceptance, a sense of self-as-context, contacting the present moment, connection with values, and taking committed action.

## 6) Goals & Treatment Plan (anticipating likely barriers)

Until you're familiar with the model, it's a good idea to work through the five stages in order (keeping in mind that they are all interconnected):

- i) Confronting the agenda (creative hopelessness)
- ii) Control is the problem
- iii) Willingness is the alternative (defusion, acceptance, present moment)
- iv) Self-as-context
- v) Values and action

**Clarifying Your Values**

*In the main part of each large box, write a few key words about what is important or meaningful to you in this domain of life: What sort of person do you want to be? What do you want to do? What sort of qualities do you want to develop? What you want to stand for?*

*(If a box seems irrelevant to you, that's okay: just leave it blank. If you get stuck on a box, then skip it, and come back to it later. And it's okay if the same words appear in several or all boxes.)*

*Then in the upper small square of each large box, mark on a scale of 0-10 how important these values are to you, at this point in your life. (0= no importance, 10= extremely important) (It's okay if several squares all have the same score.)*

*Finally, in the lower small square of each large box, mark on a scale of 0-10 how effectively you are living by these values right now. (0= not at all 10= living by them fully) (Again, it's okay if several squares all have the same score.)*

*Now have a good look at what you've written. What does this tell you about: a) What is important in your life? b) What you are currently neglecting?*

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## **Self-as-context Exercises**

### **a) Who are you?**

1. Sit side by side, facing opposite directions
2. Questioner asks, 'Who are you?'
3. Respondent replies with a self-descriptive sentence beginning with 'I am'
4. Questioner listens silently and attentively. Then says, 'Thank you'. Pauses. Then asks again, 'Who are you?'
5. Respondent replies with a self-descriptive sentence beginning with 'I am'
6. Questioner listens silently and attentively. Then says, 'Thank you'. Pauses. Then asks again, 'Who are you?'
7. This continues until respondent reaches a point where all self-descriptions become pointless/ meaningless/ futile/ inadequate. When this point is reached, respondent says, 'I just am'

### **b) Who's doing the noticing?**

1. Notice your feet on the floor.
2. Be aware you're noticing
3. Notice what you can smell
4. Be aware you're noticing
5. Notice the sounds in this room.
6. Be aware you're noticing
7. Notice what you're thinking right now.
8. Be aware you're noticing
9. Notice what you're feeling right now.
10. Be aware you're noticing
11. So there's a 'you' in there that's aware of everything you can see, hear, touch, taste, smell, think and feel.
12. This 'you' that notices these things – is it 'good' or 'bad' – or is it just there?

### **c) Letting go of the Conceptualised Selves**

1. Bring an image to mind that represents your Professional Self.
2. Notice that image.
3. Be aware that you're observing it.
4. If you can observe it, you can't be it.
5. Silently say to yourself, 'I let it go' – then see that image 'walk away'
6. Bring an image to mind that represents your Ideal Self.
7. Notice that image.
8. Be aware that you're observing it.
9. If you can observe it, you can't be it.
10. Silently say to yourself, 'I let it go' – then see that image 'walk away'
11. Bring an image to mind that represents your Suffering Self.
12. Notice that image.
13. Be aware that you're observing it.
14. If you can observe it, you can't be it.
15. Silently say to yourself, 'I let it go' – then see that image 'walk away'
16. Of course, these selves won't go away for long; but you can more and more see them for what they are; and you can hold that self lightly, like a butterfly in the hand.

(You can do any number of selves to represent the client's problems: eg the Child self, the Addict self; the Good Parent self; the Bad Parent Self)

## Useful ACT Metaphors

### **“Corpus Delicti”**

If no corpse, then no murder. The client has to remain a “walking corpse” to prove their story is right; that they have been effectively killed by mistreatment at the hands of others!

### **“Fish hook”**

A giant hook goes through both you and the person you’re angry at. The only way to get yourself off the hook is to let the other person off the hook first.

### **“Life doesn’t Care”**

Life doesn’t care whether or not you think it sucks; whether or not you think it’s unfair. What’s important is what you do with it – not what you think about it.

### **“Feeding the Tiger”** (Good metaphor for addictions)

You discover a baby tiger in your house, and it’s cute and cuddly, so you play with it. Then it gets hungry, and restless, and irritable, so you feed it – and it settles down. But over time, the more you feed that tiger, the bigger it grows - and the more food it needs, and the more aggressive it gets when it’s hungry. Now it’s not cute any more; it’s scary. And you spend more and more time feeding it, because you’re terrified that if you don’t, it’ll eat you! But the more you feed it, the bigger it gets ....

### **“Suicidal urges are friends”**

Suicidal thoughts, feelings and behaviours show up to help you when you’re facing painful feelings. They relieve your pain temporarily by offering you an escape route. But these friends grow so attached to you, their life starts to revolve around saving you from pain. They end up moving in with you and following you around every where you go.

### **Two Computers**

Two people, each sitting in front of a computer screen. On the screen is a scary image. One person sits back from the computer, and is able to see it’s just a picture. The other is so ‘glued’ to the screen, they’ve forgotten it’s a picture; it seems like reality. Which person will be most affected by this scary image?

### **House & Furniture**

Can change furniture, but it’s still the same house. The house holds the furniture; the furniture does not define the house. You hold all these thoughts /feelings/sensations/memories, but they do not define who you are.

### **Getting out of bed at 5am.**

How different does it feel if you’re getting up early to go on holiday, to go to the toilet, to go to work, to visit someone at the airport, to go for a jog, to ask your noisy neighbours to turn the music down. (metaphor for values as motivation versus avoidance as motivation)

### **Buridan’s ass** (metaphor for refusing to choose)

a donkey (ass) stands in the exact central point between 2 stacks of hay, and it can’t decide which to eat first – so it stands there, undecided, until it starves to death.

**The story:**

A) You can *be inside* the story, in which case it controls what you do; and you live out your life seeing the world the way that the story says it is.

B) you can *look at* the story; notice what the story says, and consider how that story is serving you; consider the effects of letting it rule your life; see how it's working; and you can also get to see how the world looks when you're *outside* the story.

In this approach, we're not debating whether the story is true or false. The story is simply your mind doing its job: trying to make sense of what is happening in your life. We just want to take a look at the story, and see how it's working for you; see if it's helpful in creating the life you want!

**The You or Your Mind Scale:**

At the end of each day, write down a score of 0 – 10.

0 = you were totally caught up in your mind.

10 = you were totally present in your life.

**The You or Your Story Scale:**

At the end of each day, write down a score of 0 – 10.

0 = the story was running your life.

10 = you were running your life.

**The “Alien”**

Remember that face-sucker, from the sci-fi movie “Alien”? The story comes on you like that alien. It takes over. Can you pull that alien off your face, and take a look at it?

**Deck of Cards**

This is the deck of cards that you've been dealt. It's not the hand you wanted, but you can't change that. These are the cards you've got. What's important from here is, do you play the game to the best of your ability? Or do you give up, and pack it all in? And if you give up, what's it like to see everyone else playing cards, while you do nothing? Wouldn't you rather join in the game, and give it your best shot? (If you're playing the game of life, you've already won. If you're not playing the game of life, you've already lost.)

**Kicking Out the Flatmate:**

(Metaphor for paradoxical rebound effects of avoiding unwanted private experiences – especially thought suppression)

You don't like your flatmate, so one day, you lock him out of the house, and you throw all his things out of the window. You don't hear anything from him, so you think he's gone. But he hasn't gone. He's waiting outside that door, getting angrier and angrier. Later that night, you're watching TV, enjoying yourself, thinking you're free of him – and suddenly he smashes open your window with a brick, climbs in and starts smashing up your flat. So you call your mates, and they help you throw him out, and you board up the window. But now you're worried. You realize this guy's a bit of a loose cannon. You're worried he may come back. So now you're constantly checking the windows, to see if he's back. And you try to go to sleep, but every noise makes you think he's breaking in. After a few days, it seems like he's really gone, so you ease up a bit. But then, one night, there's a loud smash, and he climbs in through another window, and starts smashing up your flat again. Again, you kick him out. But now you're REALLY worried. Etc....

## **USEFUL ACT SAYINGS**

Change your behaviour in order to live by your values. Don't change behaviour in order to change your feelings!

Gain control of your feelings, lose control of your life.

The greatest tragedy about your past would be turning it into your future.

## **ACT with Anxiety Disorders**

(These notes are largely based on Chapter 5 of A Practical Guide To Acceptance and Commitment Therapy)

Essence of an anxiety disorder = major focus on trying to avoid anxiety.

1. Unwillingness to experience NORMAL anxiety (Clean discomfort)
2. Anxiety is seen as A THREAT
3. Increasing efforts to get rid of anxiety
4. Control strategies frequently reduce anxiety in the short term, but then have a rebound effect
5. Therefore increasing use of control strategies, in a vicious cycle, frequently spreading into many different domains of life.

### **PANIC DISORDER**

Anxiety about physical sensations.

Exacerbated by hyperventilation, which increases arousal and generates many additional unpleasant sensations.

### **SPECIFIC PHOBIA**

Unwillingness to experience the symptoms of anxiety that occur when exposed to feared objects or situations. (30 to 50% of these clients meet criteria for an additional mood/anxiety disorder)

### **SOCIAL ANXIETY DISORDER**

Fear of the private experiences that occur in a social context

### **O.C.D**

Content & form of obsessions in people with OCD are not much different from those experienced by the general population. But in OCD clients are extremely avoidant of these thoughts.

### **GENERALISED ANXIETY DISORDER**

Characterised by excessive worry. Worry temporarily reduces internal distress, by acting as a form of distraction from unpleasant physical sensations. However, worrying itself often becomes an unwanted experience, that clients then try unsuccessfully to avoid, thereby exacerbating it.

## EXPOSURE with anxiety disorders

Exposure is a key component in all successful anxiety treatments.

In ACT, exposure does NOT have the goal of reducing anxiety (although this is often a by-product).

In ACT, exposure is to enable the client to engage in valued activity.

In panic disorders – “interoceptive exposure”, ie exposure to internal cues and sensations of panic/ anxiety. Can use exercise/ imagination/ breathing through/ a straw/ spinning armchair/staring into a mirror/ drinking coffee/ hyperventilating etc...

## SPECIFIC PHOBIA

Tricky! Clients see the issue as “being afraid of the object/ situation”. The issue from an ACT perspective is unwillingness to experience the thoughts/ feelings/ sensations that occur in the presence of the phobic stimulus.

Need to increase clients self awareness around this, plus find values to act as motivation for exposure. Metaphor: wade through the swamp to reach the mountains; take the chemotherapy to stay alive.

## SOCIAL ANXIETY

Graduated exposure, through hierarchy of feared social situations. May need social skills training. Important to connect client with their own values around socialising – which are not necessarily the same as the therapist’s!

## O.C.D

Prolonged exposure: in vivo, or imagined. Combined with response prevention. “Urge surfing” is a useful skill to teach. (Ride urges like a wave. Let the wave crest and fall. Don’t resist it. Check in regularly and rate the urge on a scale of 0-10. Breathe into the urge, make room for it, let it be. Study it like a curious scientist. Can make recordings on a sheet at five or ten minute intervals, rating the urge intensity on a 0-10, and willingness to have it, on a 0-10 scale. Focus energy and attention on doing valued activity, while allowing the urge to come and go. (As opposed to doing non-valued activity, in an attempt to distract from the urge.)

## GAD

Encourage lots of mindfulness practise. Caution about ‘relaxation’ techniques ; the higher the level of anxiety, the less effective relaxation techniques become.

Practice ‘leaves on a stream’ to learn how to let go of thoughts again and again and again).

Teach effective problem solving skills, as an alternative life-enhancing behaviour.

Suggest the ‘worry period’. (See client handout, next page)

## HYPERVENTILATION

Normal breath rate is 10-12 per minute. Teach slow breathing as a mindfulness technique (NOT as a relaxation technique!) Focus on emptying lungs. (You can’t breathe in normally until lungs have fully emptied) Frame mindful, slow breathing as ‘an anchor, which holds you steady in the midst of an emotional storm. The anchor won’t make the storm go away; it just holds you steady, until the storm passes in its own good time.’



## THE WORRY PERIOD

- Make a time each day to deal with your worries, e.g. for 15 mins between 6pm and 6.15pm every night
- Throughout the day, when worrying arises, acknowledge it: 'I'm having a worry about X' Or, if it's a recurrent story, give it a title, and acknowledge, 'Here's the X,Y, Z story'. Simpler still, silently say to yourself, 'Just worrying'. Let the thoughts come and go and bring your attention back to where you are and what you're doing.
- Don't try to push the worry away. Let the worry come and go as it pleases, while focusing your attention on valued activity (i.e. engaging mindfully in doing things that you value). Thank your mind each time the worry reappears, or silently say to yourself 'Just worrying'.
- If it's a major worry, that keeps on coming back again and again, then write it down and say to yourself, 'Thanks, mind! I'll give this my full attention later, in my worry period' (If there's lots of recurrent worries, write them on a list.)
- During your worry period, go through all the things you've been worrying about. If you've written a list, read through each worry and see if it still worries you.
- For each worry, ask yourself: "Is there anything constructive I can do about this?" If there is something useful you can do about it, then make a plan of action. If there's nothing you can do, then acknowledge that.
- Finish up by practising the 'leaves on a stream' exercise - putting each worry onto a leaf, and letting it float on by. Ideally do this for about ten minutes.
- Once the worry period is over, do some meaningful activity, and engage in it fully, with all your five senses (while letting your thoughts come and go).

## **ACT with PTSD**

(These notes are largely based on Chapter 6 of A Practical Guide To ACT)

Lifetime incidence of PTSD = 8% of population

PTSD: A traumatic event (or events) followed by:

1. High anxiety
2. High experiential avoidance

Symptoms:

1. Reliving the trauma eg. Intrusive thoughts, nightmares, flashbacks.
2. Avoidance of “reminders” of the trauma (including not only people & places, but also thoughts, feelings, and sensations that remind them of the event)
3. Hyperarousal (including accentuated startle reflex, sleep problems, hypervigilance, attention difficulties irritability & anger)

Maladaptive behaviours are used to try and avoid trauma related thoughts, emotions, sensations, images and memories. From an ACT perspective these thoughts, emotions etc.. are NOT pathological; rather it is the attempts to avoid or get rid of them that are pathological.

### **Taking A Trauma History:**

- a. Details of the main trauma, plus all previous major traumas
- b. How has the trauma changed their life? (Ask what they are avoiding or have stopped doing!)
- c. Coping strategies they've used? Costs of those?
- d. How they explain or understand their experience; the meaning they give it eg (“The world is a bad place” or “I deserved it”)

Key Questions:

1. What trauma-related stimuli is the client avoiding?
2. To what degree is the presenting complaint a means of avoiding these stimuli?

\* \* \*

Clients may insist they need to get rid of memories or other trauma symptoms BEFORE they can get on with life. We need to emphasize that ACT has an acceptance agenda, not an elimination or control agenda.

Assess if client needs basic skills, such as problem solving skills, assertiveness skills, communication skills, crisis coping skills and conflict management skills. These may need to be learned and practised as part of therapy. (DBT skills training manual can be useful)

In PTSD, a client's life has become centred around experiential avoidance. Therefore, it's often good to begin therapy with values clarification – get clients thinking about the sort of life they'd like to create. Values will be a powerful ally when it comes to willingness, and they'll also aid goal setting.

If clients are very fused with a self-concept that they are irreparably damaged and defined by their trauma, you may consider starting with defusion, then self-as –context.

### Therapeutic Relationship: EXTREMELY IMPORTANT

1. Needs to be safe and supportive
2. Give lots of positive support and feedback
3. Lots of validation of pain
4. Lots of validation of difficulty in making changes
5. Self – disclosure in the interest of validation
6. Explain rationale behind techniques. Check in to see how client is responding and be alert for dissociation.

We may spend 1 or 2 sessions just taking a history, and using this time to build a strong rapport through empathy, compassion and validation.

### TREATMENT PLAN

1. Set and agree on goals for therapy.
2. Tailor interventions & course of RX, suited to clients individuals needs (and taking into account clients probable barriers –F.E.A.R. - to successful treatment).

### INTERVENTIONS

1. Values – generally good place to begin. (Be wary of funeral/ tombstone/ eulogy techniques, esp. if recent bereavement, or if they nearly died in the trauma. Opt for 80yr old celebration dinner, rather than funeral visualisation.) However, some clients initially find this too painful, so they won't 'go there'. With such clients, you might start with defusion, or self-as-context.
2. Creative Hopelessness – Don't imply their coping strategies were wrong.
3. VALIDATE whatever the client did to survive.
4. VALIDATE that these control strategies are often helpful in the short term.
5. GENTLY, COMPASSIONATELY get the client in touch with the reality that in the long term, these strategies are NOT HELPFUL
6. Useful Metaphors: Quicksand, Tug of war, Man in the hole, feedback screech, scratching an itch.
7. Control is the problem: normalise the use of control strategies; validate that they're often helpful in the SHORT TERM . Draw attention to current workability. Useful metaphors: Polygraph, Feeding the Tiger.
8. Defusion – can teach a wide variety of defusion skills. This can help to reframe feared intrusive stimuli as merely harmless (albeit unpleasant) psychological events. Also helps to undermine negative self-judgement. Also enables clients to choose their response to intrusive stimuli - giving a sense of empowerment.
9. Defusion skills with imagery can be particularly helpful: eg. Placing images on a TV screen, and altering contrast, colour, brightness; flipping the image upside down; zooming in and out repeatedly; adding subtitles etc..
10. Another useful exercise with images is “leaves on a stream”

11. Introduce phrases such as:;
  - I'm having the memory of....
  - My mind is showing me a picture of.....
  - I'm noticing a flashback of ...
12. Teach clients to be present in the room, even while the memory or image is there. Have them practice letting a memory/image be there, and simultaneously connecting fully with the room, through sight, sound and touch.
13. It's very important to undermine reason giving. Clients will repeatedly give the history of their trauma and its current sequelae, as reasons for why they can't move on in their life. Unhook words like 'but' and 'because'. Useful interventions: Passengers on the bus/ demons on the boat. Rewriting their autobiography.
14. Self-as-context. PTSD clients usually are often highly fused with negative self-concept- such as "I'm broken/damaged/defective/ dirty". We want to help them make contact with a sense of self that is a safe, consistent, reliable perspective from which to view psychological events that otherwise seem threatening or overwhelming. Useful metaphors: Observer Exercise, Chessboard, & Weather and the sky.
15. Willingness & Acceptance/ Values & Action. This stage of the therapy is functionally a form of exposure treatment. The aim is to set goals guided by values. These goals will elicit unwanted private experiences. Clients then practice defusion and acceptance to make room for these experiences, rather than avoiding them.

Exposure includes, in increasing intensity:  
 talking about feared situations,  
 talking about the trauma,  
 vividly imaging self in feared situation/s,  
 vividly imagining the trauma,  
 actually going into feared situations.

As difficult thoughts & feelings arise, we come back to defusion & acceptance skills to handle them. Useful techniques:

- Tin can monster
- Physicalising sensations into objects
- Nightmare rehearsal

Eye to eye exercise can be useful later on in therapy BUT ONLY IF full consent from client, with rationale thoroughly explained. And often with a wide gap between therapist and client.

Mindful body scans are very helpful to practice, in terms of learning to live with unpleasant sensations in the body. As a useful by product they generally reduce arousal.

Watch for dissociation. If it occurs, bring client into contact with physical environment: notice what they can see, hear, touch. Pushing feet into floor, tensing thighs, pressing hands against each other can all function as useful 'anchors' to stay present.

If client shows signs of hyper-arousal, draw their attention to their body and have them practice mindfulness of sensations. If hyperventilating, use slow breathing as an anchor.

## **Flashbacks**

With flashbacks: focus on grounding, getting back to present moment, mindfulness, (especially physical grounding). Build awareness of triggers.

“I’m having the memory of.”

## **Nightmares, Sleep Disturbance in PTSD**

Sleep hygiene is important. (See five page client handout that follows.)

Teach at least one mindfulness technique that can be practiced day and night:

Progressive Muscle Relaxation can be a mindfulness technique if you replace the word relax with word ‘release’ or ‘let go’, and specify it’s about mindfulness, not about relaxation.

Deep Diaphragmatic Breathing is also useful –again as a mindfulness technique, not a relaxation technique.

Also, the mindful body scan is very useful.

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**Nightmare Rehearsal:** (See five page client handout that follows.)

Pick a recurrent nightmare. Or, if nightmares change frequently, then the one that remains most vividly in client’s memory.

Instruct client: “Write about the nightmare in great detail, in present tense – describing everything you can remember. Describe at each point in the nightmare what you feel, think, smell, see, hear, touch, and taste.”

Bring this description into session and read it out.

Then have the client *change **one thing** that happens in the nightmare*. It does not have to be a happy ending or a changed ending. It could be as small as changing the colour of someone’s clothes, or altering the weather. Or it could be dramatically different. Let the client choose.

Then have the client write down the changed nightmare once more, in as much detail as possible, but this time with the added change.

Then, before bed, client reads their changed nightmare, and vividly imagines it. Then they practice a mindfulness technique, then go to bed.

If they wake up in the middle of the night after a nightmare, they do a grounding exercise (mindfulness of breath/ mindfulness of environment), then they mentally replay the nightmare, with one changed detail. Then they go back to bed, and practice sleep hygiene rules.

\* \* \*

The five page handout that follows was put together by:

Batten, S. V., & DeViva, J. C. (2006)

Trauma Recovery Programs, VA Maryland Healthcare System, Baltimore, MD  
(Sonja Batten is a major authority on the use of ACT with PTSD)

## **SLEEP RESTRICTION AND STIMULUS-CONTROL INSTRUCTIONS**

- Do not take naps.
- Do not go to bed until you are sleepy. Forget the clock.
- Get up at about the same time every day, even on weekends and holidays. If you feel you have to sleep in on the weekends, allow a maximum of 1 extra hour.
- Do not use your bed or bedroom for anything other than sleeping or sexual activity, or practicing mindfulness. You should not read, watch TV, talk on the phone, worry, argue, or eat in bed.
- Keep your bedroom dark. Use heavy drapes, blinds, or shades on your windows, or wear a sleep mask.
- Keep your bedroom quiet. If you can't control a source of outside noise, cheap foam earplugs can make a big difference in the quality of your sleep.
- When you go to bed, go to bed with the intention of going right to sleep. If you don't fall asleep within ten minutes, get up and leave the bedroom. Do something boring and quiet (e.g. reading the dictionary) until you feel sleepy, then return to bed. Avoid bright lights, watching television, or listening to stimulating music during this time.
- Return to bed once you feel sleepy. If you still do not fall asleep, repeat the previous step. Use the same procedure if you awaken in the middle of the night and are unable to fall asleep within about 10 minutes. (Alternatively, lie in bed and practice a mindfulness exercise.)

# SLEEP HYGIENE RULES

- Do not consume caffeine after about 4 p.m. or within 6 hours prior to bedtime.
- Learn what foods, beverages, and medications contain caffeine and avoid them.
- Do not smoke within several hours prior to your bedtime.
- Exercise regularly. The best time to exercise is the late afternoon. Avoid strenuous exercise or activity after 6 p.m.
- Make your sleep environment as comfortable as possible. Keep a comfortable temperature and minimum levels of sound, light, and noise.
- If you are accustomed to it, have a light carbohydrate snack before bedtime (e.g., crackers, milk, cheese). Do not eat chocolate or large amounts of sugar. Avoid excessive amounts of fluids. If you awaken in the middle of the night, do not have a snack then or you may find that you begin to wake up regularly at that time feeling hungry.

## Steps For Coping With Your Nightmares

1. Practice mindfulness techniques each night before you go to bed.
2. Choose a recurring nightmare you would like to work on. This will be your target nightmare. (If nightmares are always different, then just pick the one you can remember most vividly)
3. Write down your target nightmare with as many details as possible.

4. Choose a change for the nightmare.

(The change does not necessarily have to change the outcome of the dream, or make it a “good” dream or even less stressful. You can pick any detail of the nightmare to change – even something as small as the colour of someone’s trousers.)

5. Write down the full nightmare with the change.
6. REHEARSAL + MINDFULNESS: Practice rehearsal of the changed nightmare by reading through and vividly imagining the entire dream *with the change* each night, before practicing mindfulness techniques.
7. Read through and/or vividly imagine the entire dream *with the change*, and then do a mindfulness practice, as often as possible throughout the day.



## **Target Nightmare—Original Form**

In the space below, please describe the distressing dream in as many details as possible. Include sensory descriptions (sights, smells, sounds, tastes, etc.). Please note the feelings, images, and thoughts associated with this dream, being as specific as possible. Note when the dream begins and when it ends.

In my dream,

## **Target Nightmare—Changed Form**

In the space below, please describe the changed dream in as many details as possible. Include sensory descriptions (sights, smells, sounds, tastes, etc.). Please note the feelings, images, and thoughts associated with this dream, being as specific as possible. Note when the dream begins and when it ends.

In my changed dream,

## Getting Unstuck With PTSD

There are many, many ACT-consistent responses to the events below. I have given you a few for each one. As an exercise in developing your therapeutic skills:

- a) see if you can come up with some alternative responses of your own,
- b) consider what ACT interventions (metaphors, experiential exercises etc) you might logically follow on with, in these situations,
- c) consider how your response might be different on a first session, a fourth session, and an eighth session

Client complains of a constant struggle with thoughts and feelings

*How's that working for you?*

*What would it be like to let go of the struggle?*

*What thoughts and feelings are you struggling with; let's take a look at them.*

*Yes, struggling takes a huge amount of effort; let's look at an alternative.*

Client says they can 'never get over it'

*Thank your mind for that thought.*

*Is this an old story?*

*What do you mean by that? What can't you 'get over'?*

*What would 'getting over it' look like?*

Client keeps getting angry in session

*What's this anger in the service of?*

*When you get angry like this, I feel X, Y,Z – and I'm wondering, are you doing this with other people in your life? And if so, what is the effect?*

*Let's see if you can feel angry, and talk calmly.*

*Notice where the anger is in your body; breathe into it.; make room for it.*

*What's underneath it?*

Client complains of getting angry a lot outside session

*Normalise angry feelings as a frequent occurrence in PTSD, BUT distinguish angry feelings from angry actions. Actions are controllable. Angry feelings need to be dealt with through mindfulness.*

*What is this anger costing you?*

*What's this anger in the service of?*

Client dissociates in session

*Bring them back to the present. Ask them to focus their attention on sights and sounds in the room, or have them press their feet into the floor and notice the sensations, or to press their hands together and tense their thighs.*

*Ask them to open their eyes, if closed.*

Client is often late, or fails to attend

*What's this in the service of?*

*How's this working for you, to turn up late all the time? What does it cost you?*

*I feel frustrated when you're late, because it gives us less time to do effective work together.*

*What happens to make you late?*

*What thoughts and feelings come up that lead you to miss a session?*

Client says, "I can't talk about it"

*What would be so bad about talking about it? Are you afraid of something?*

*What does your mind say will happen, if you do?*

*Are you going to let your mind tell you what you can and can't do in this room.*

*Maybe this is something you don't need to talk about; there's no need to talk about it unless it's going to serve some useful purpose; so what do you think would be the benefit, if you did talk about it?*

*What would be the cost of not talking about it?*

*Can you have that thought, and still talk about it?*

Client says "I don't want to think about it"

*How's that working for you – trying not to think about it?*

*I'm not surprised. It's not a very pleasant thing to think about. Can you think about it anyway, even if you don't want to?*

*What would be the cost of not thinking about it?*

*So your mind says don't think about it. If you follow that advice, where does it lead you?*

Client says 'I don't know if I'm willing'

*Well, let's see. Let's try some willingness right now. (Then do experiential work)*

*If this could make a huge difference in your life – if this could actually make your life seem like it's worth living, would you be willing then?*

*What's the cost of your lack of willingness?*

*Maybe this goal is too big. How about we set a smaller one. Would you be willing to do this (smaller goal)?*

'I just want to get better. I want to forget what happened, and move on.'

*Of course you do. And I'm here to help you. Helping people move on is what I do. So, what would moving on look like for you? What would you be doing differently in your life?*

*What does getting better look like? If you did get better, what would you start/stop/ do more of/ less of?*

*Of course you want to forget what happened. Who wouldn't. And yet how realistic is that? How likely is it that you will ever forget this? If I asked you to completely forget your wedding day/ the birth of your child/ other significant life event, could you do it? Do you remember how you got to this session today? Now try and delete that memory from your brain, so it never comes back.*

*How has trying to forget it worked so far?*

You can't help me, you haven't experienced combat/rape/ heroin addiction etc..."

*You're right! I have no direct experience of that. You're the expert in that stuff, so I'm relying on you! What I'm expert on is helping stuck people get unstuck. So together, your experience and my experience, that will lead somewhere.*

'I'll never get over this'

*Thank your mind for that thought..*

*If you give all your attention to this thought, what happens?*

*Your mind will keep telling you that. It's like a broken record. Can you let that thought be there, and still do the work that we need to do here.*

*Let's test it out.*

'I'm damaged goods'

*Self-as-context work. Notice that thought. Where is it? What does it look like? Who's noticing it?*

*Any number of defusion techniques, eg thank your mind.*

*Is this an old story? How long's your mind been telling you this?*

*Costs of giving this your attention, letting it push you around?*

*How about for the next week you do an experiment, and act as if you're 'high quality goods'. You don't have to believe it – just act as if it's the case, and notice what happens.*

'This treatment won't work. I've been in therapy for years.'

*Your mind will keep telling you that. The last thing I want to do is get into a debate with your mind. So rather than debating it, why don't we test it? Let your mind keep saying that, and let's give it a go and see what happens*

*Distinguish assumptions from beliefs. We can choose our assumptions, even while our beliefs come and go. So how about we assume therapy will be helpful, even though we don't believe it, and act on that assumption, and see what happens?*

'Maybe if I go and live somewhere else, start all over again, I'd get better?'

*There's an old saying, no matter how far you run, you can never get away from yourself. Wherever you go, your thoughts and feelings and sensations and memories go with you. (Could do 'try not to think about ...') So it's really important to learn how to handle these feelings, whether you stay or whether you go..*

*(If client wants to move in line with their values, that's very different than moving in line with an avoidance agenda.)*

*What would 'getting better' look like? If you could do that without moving would that be your preference?*

*How has running away from your feelings and memories worked in the past?*

'There's no point thinking about what I want. Every time I want something, I just get hurt'

*If you allow this story to run your life, where does that lead you?*

*This is another demon on the boat (passenger on the bus) – trying to keep the boat drifting aimlessly at sea.(keep the bus driving aimlessly round the back streets). This demon will threaten you every time we start talking about what you want. Do you want to let this demon control the boat?*

'But I can't ever have the life I want. It's too late now.'

*That's true. And it's painful. The question is, how can you make the most of the life you do have?*

*Maybe talk about Victor Frankl, and/or recommend they read 'Man's Search For Meaning'*

*You don't get to choose the cards you get dealt in life. The choice is, how do you play them?*

*What happens when you give all your attention to thoughts about the life you wanted but didn't get? What is the cost of giving your attention to those thoughts? What would you prefer to be doing with your time, rather than dwelling on things that are unchangeable?*

'This rape has ruined my life. I can never have intimate relationships again.'

*This is what your mind tells you. Now suppose we go along with. Suppose we say, 'Yes mind, you're absolutely right about that. Where would that lead to? What would the future look like if you allowed that thought to run your life?*

*What exactly would stop you from an intimate relationship?( Identify the thoughts/feelings/sensations/ urges/memories that are acting as barriers.) Then: suppose we could find a way, in this room, to work together, so that these painful feelings and memories lost their hold on you; they lost their impact; you no longer felt like you had to hide from them or struggle with them; would that be something worth working towards? How about we put it to the test?*

*You don't have to **believe** intimate relationships will ever be possible again. How about you just assume it as a possibility, and let's work towards that, and see what happens?*

'How can I ever trust anyone ever again?'

*Coming to a therapy session with me is a **huge** act of trust. How are you managing to do that? What thoughts and feelings did you need to make room for, in order to come to these sessions and work with me? How did you do that?*

Client repeatedly says 'I don't know' when asked about what direction they want to take their life in.

*Could you take a wild guess at the direction you might like to go in if you did know? What answer would you like to give?*

*Sounds like you're letting 'I don't know' run your life. Where does your boat sail if the 'I don't know' demon is in control?*

*Is that what you want on your tombstone? Here lies Fred. He didn't know what he wanted his life to be about.*

*Is this an old story?*

*Could this be your mind's way of trying to protect you? After all, if you connect with what you want, that's risky, because it could motivate you to start making changes in your life. And that can be scary. Change usually brings anxiety with it. Is this your mind trying to save you from anxiety? It may reduce your anxiety in the short-term, but what about in the long term?*

*Could do any number of exercises around values clarification.*

## ACT with Substance Abuse

ACT conceptualisation:

Chronic set of problems; maintain themselves once avoidance becomes the only way of dealing with aversive experience; vicious cycle, leads to more pain & more avoidance; then problems become more entrenched. Taking an addictive substance is a powerful way of reducing emotional pain in the short term – therefore, the more a client’s life crumbles, through the consequences of substance abuse, the more pain they feel, and the more frantically they turn to drugs/alcohol to relieve it.

ACT conceptualisation of *any problem behaviour* (eg drugs, alcohol, gambling, violence, impulsive sex, cutting, suicide attempts): the problem behaviour is itself an attempt to avoid/ get rid of unwanted thoughts/ feelings/ memories/ urges/ sensations/ images. What private experiences is the client trying to avoid by doing this problem behaviour?

Creative Hopelessness begins with detailed inventory of every substance used, history of usage, costs of usage. Kelly Wilson’s Comprehensive Substance Involvement Worksheets are very useful (See: ‘A Practical Guide To Acceptance & Commitment Therapy’, pp 160-161)

After creative hopelessness/ control is the problem, move to Values assessment – but be wary – may be too painful for people to recognise that they’re not living by their values – often resist. Can do a little up front, and then more down the road.

Motivation/Commitment: “I know how hard you’ve been struggling and working and suffering. I think I have something that will help you (foot in the door). I’m hopeful your life will improve - and I don’t know if you’re ready for this work (door in the face) because its really hard work.”

Attitude to drug use: “One thing we’ll need to have on the table is that stopping drug use is your goal not my goal. My job is to help you live a whole life. I don’t mind if you use drugs or not- my aim is to help you live the life you want. If giving up drugs is what you feel you need to do as part of that, then I will support you with that, but that’s your goal.”

Mindfulness skills: practice mindfulness leading up to drug usage, so can identify the triggers. Initially ask them to be mindful of their triggers and the urge to use, but don’t ask them to do anything differently

Later on, have them become fully aware of what they’re doing, and fully present with the cost of doing it.

If client turns up mild-to-moderately intoxicated, it’s worth working with them. If severely intoxicated, send them home. Either way, non-judgmentally disclose how you feel about them turning up intoxicated – whilst at the same time reaffirming your commitment to them.

## FORGIVENESS & COMPASSION

1. Take a moment to connect with the cost of holding on to your anger and resentment. What does it cost you in terms of health and vitality, (and - if this is relevant - what is the cost to your relationship with the person you resent)?
2. Imagine how your life would be if you could let go of that anger and resentment.
3. Take a moment to reflect that forgiveness is something you do for yourself – not for the other person. In letting go of your anger and resentment, you are the one who gains the greatest benefits.
4. Acknowledge that you can't change the past; you can't undo what has happened; and getting angry about it achieves nothing useful.
5. Without any self-blame, take a moment to acknowledge that you too have hurt other people, in one way or another - both intentionally and unintentionally. Do those actions sum you up as a person? Are they the essence of who you are? Or are they just acts that you've done, that you now wish you hadn't? In practicing forgiveness it helps to separate the person from their actions. This person's actions hurt you. Yet there is more to this person than just those hurtful acts.
6. Remind yourself that forgiveness does not mean excusing the other person, or saying what they did was alright. Nor does it mean forgetting what happened.
7. Now close your eyes, bring attention to your breath, and practise mindfulness of your breathing for a couple of minutes.
8. When you are ready, imagine the person towards whom you feel such anger and resentment. Imagine they are sitting opposite you. Imagine that they are listening to you intensely, but they cannot speak. (If you are frightened of them, you can imagine them bound and gagged; even flanked by policeman!)
9. Tell this person exactly how they hurt you.
10. Tell this person that you have suffered a lot – not only from what they did to you, but also from holding on to all your anger and resentment over the years.
11. Tell this person that you now intend to let go of your anger and resentment, in order to stop hurting yourself, and to give yourself peace of mind.
12. Tell this person that forgiving them does not mean that what they did was okay or reasonable or justifiable or excusable in any way. It just means you are not going to hurt yourself any more by holding onto anger.
13. If this person will not or can not give you an apology, acknowledge this. Tell them it's disappointing, but you won't waste any more time and energy trying to get something that they'll never give you.
14. Now tell this person "You did what you did, and it hurt me. I'll never know exactly why you did it. I can't change it. And I won't waste any more time dwelling on it. I accept my anger towards you is a natural emotional reaction, but I won't feed it anymore by going over and over the past. This happened. It was painful. I wish it hadn't happened, but it did. Now it's over. It's just a memory."
15. Now let go of this person from your mind, and bring your awareness back to your breath. For 2 or 3 minutes, practice mindfulness of your breathing, letting thoughts and feelings come and go.

At this point, there are two options to finish up the exercise. Try each option at least once, and then stick with whichever you prefer:

### OPTION A:

16. Imagine yourself going back in time to visit the younger version of yourself who got hurt by this person. Find the younger you, and imagine yourself talking to



- him/her, around the time the hurtful event happened.
17. Tell this 'younger you' that you know what happened. Tell him/her that they don't need anyone else to validate that experience, because YOU know.
  18. Tell him/her that they survived the experience, and it is now just a memory.
  19. Tell him/her that you are here for them. You know how much it hurts, and you want to help in any way you can. Ask them if there's anything they need or want from you – and whatever they ask for, give it to them. If they ask you to take them somewhere special, go ahead and take them wherever they wish. Offer them a hug, a kiss, words of kindness, a gift of some sort .... Anything they want.
  20. Tell them you are here for them, you care about them, and that you are going to help them recover from this pain, and go on to lead a full, rich, valued life.
  21. Once you have a sense that this younger version of you has accepted your care, concern and support, let them be, and bring awareness to your breathing.
  22. Practise mindfulness of the breath for a couple of minutes, then open your eyes and connect with the room around you.
  23. Do this on a regular basis, 3 or 4 times a week, until you feel you have let go of your anger and resentment. This may take a long time. Be persistent.

#### OPTION B:

24. Take a few moments to reflect on this: Up until now, your anger has been acting like a suit of armour, protecting you from feeling your pain, hurt and grief. Unfortunately, this pain, hurt and grief is like a wound that will not heal, until you carefully tend to it. So see if you can now take off your armour, and heal the wound beneath it.
25. Ask yourself, 'What is beneath this anger? What am I really feeling, deep inside?' Scan your body, and notice any strong sensations. Focus on the strongest, most difficult sensation. Observe it like a curious scientist, breathe into it, make room for it, and allow it to be there (as in the mindfulness of emotions exercise).
26. Trace the outline of this sensation with your fingers., 'drawing' the shape of it on your skin.
27. Lay your hand over this area, in the same way that a caring nurse would lay her hand on the head of a sick patient.
28. Feel the warmth coming from your hand into this pain.
29. Breathe into it, and let it be. Soften up around this pain. Allow it to be there even though you don't like it. Feel the warmth spreading from your hand into the pain.
30. Don't expect the pain to go. It may diminish, or it may not. The point is to accept it, not to get rid of it. To make room for it, and allow it to be – instead of trying to 'numb it' with an injection of anger.
31. Silently say the word 'gentle', several times. Treat your pain gently, as if it's a crying baby that needs comforting and soothing. Soften up around it. Let it be.
32. Finally, bring attention back to your breath, and practise mindful breathing for a couple of minutes. Then open your eyes and connect with the room around you.
33. Do this on a regular basis, 3 or 4 times a week, until you feel you have had a significant shift. This may take a long time. Be persistent.

## **Noting or Describing as a Mindfulness Skill**

Noting or describing (ie silently putting words to your experience) can be a useful mindfulness skill.

This can be incorporated into any mindfulness exercise. Some clients find it very useful, particularly if they are often distracted by thoughts or feelings.

For instance, when feelings arise you can silently note 'feelings' (ie silently say the word 'feelings' in your mind). Or you could use a phrase like, 'it's a feeling'. Or you can be much more specific, and note each individual feeling by name, eg 'anger', 'boredom', 'calm'.

When thoughts arise, you can silently note 'thinking' (ie silently say the word 'thinking' in your mind). Or you could use a phrase like, 'it's a thought'. Or you can be much more specific, and note your thoughts by category, eg 'judging', 'worrying', 'analysing', 'remembering', 'fantasising'. Or more simply: 'anxious thought', 'sad thought', 'neutral thought'; 'thought about the future', 'thought about the past' etc.

A similar process can operate informally throughout the day. For example, in a tense work situation, you might observe a feeling of anxiety and simply note it as 'I'm feeling anxious' or 'I'm noticing a feeling of anxiety'.

Another simple option (my personal favorite) is to note 3 categories only: 'sensations' (ie stuff you can feel in your body), 'thoughts' (ie words you can hear in your head), 'images' (ie picture you can see in your head)

## Mindfulness Of The Body

1. Find a comfortable position, sitting or lying, back straight, shoulders loose.
2. Either close your eyes or fix them on a non-distracting spot on the wall or floor
3. For the next few minutes, there is nowhere you have to be, nothing you have to do, no one you have to please. It is your time. Time for you to purely and simply be present - here and now - and to notice what is happening, with an attitude of openness and curiosity.
4. Bring your attention to your breathing. For the next few breaths, focus on emptying your lungs fully. Then notice how they refill by themselves.
5. Now let your breath find its own natural rate and rhythm. Notice the rise & fall of your ribcage, the air flowing in & out of your nostrils, the rise & fall of your abdomen.
6. Now bring your attention to your body. Notice the position of your head ... your neck .... Your spine ... .... your arms ... your hands..... Your legs ....your feet.
7. For the next few minutes, the aim is to slowly scan your body from head to toe, noticing whatever sensations may be there. In doing this exercise, adopt the attitude of a curious scientist: observe without judging or trying to interfere. If you notice tension or discomfort, simply allow it to be there. Don't shy away from it. Don't try to get rid of it. Simply observe it. If your mind starts judging it or commenting on it, let those thoughts come and go like passing cars.
8. Begin by bringing your awareness to your right foot. Notice what you can feel in your toes.....in the sole.....in the heel.....on the back of your feet. *Breathe into this part of your body: follow your breath as if it moves down through your nose and throat, down through your chest and lungs and into this area. And then, follow the breath as it leaves, flowing back up through your body and out through your lungs.*
9. Notice any warmth or coolness, tingling or throbbing. Notice what you can feel in the skin ... the muscle ... the bones. Whatever sensations you notice, allow them to be there, simply because they already are. Don't try to change anything. You don't have to like or want those sensations. All you need to do is observe them without struggling with them
10. From time to time, your attention will become distracted by thoughts or feelings. Each time this happens, simply notice what distracted you, then bring your attention back to the body. No matter how often your attention wanders - whether a hundred times, or a thousand - your aim is simply to note what distracted you, and bring your attention back to the body.
11. Now bring your attention to your right lower leg, from the ankle to the knee. *Breathe into this part of your body: follow your breath as if it moves down through your nose and throat, down through your chest and lungs and into this area. And then, follow the breath as it leaves, flowing back up through your body and out through your lungs.*
12. Notice what you can feel in the shin ... the calf ... the ankle ...
13. Notice any warmth or coolness, tingling or throbbing. Notice what you can feel in the skin ... the muscle ... the bones.
14. Whatever sensations you notice, allow them to be there, simply because they already are. Don't try to change anything. You don't have to like or want those sensations. All you need to do is observe them without struggling with them

15. Now bring your attention to / breathe into & out of / notice, allow, and make room for/ the sensations in

- The right thigh
  - The left foot
  - The left lower leg
  - The left thigh
  - The buttocks and pelvis
  - The abdomen
  - The chest
  - The right hand
  - The right forearm
  - The right upper arm
  - The left hand
  - The left forearm
  - The left upper arm
  - The shoulders
  - The neck
  - The jaw & mouth
  - The forehead
  - The scalp
- 
- Now bring your attention to your whole body, from head to toe. *Breathe into your entire body: follow your breath as it moves through your entire body, from head to toe, all at once.*
  - Observe your body in its entirety. Notice how you're sitting or lying ... the position of your arms and legs ... your head ... neck ... spine. Bring your awareness to your entire body, and your breathing, simultaneously.
  - Get a sense of, whereabouts you are in the room, the sounds around you. And when you're ready, open your eyes and bring yourself back to the room. Notice what you can see and feel and hear. If you like, have a stretch. And as you go about the rest of your day, aim to come back again and again to this experience of awareness and openness.

(Depending on how fast you go, this exercise can take anything from 10 minutes to 40 minutes. You can also break it up into smaller components – e.g. the foot can start with the toes, then the sole, then the heel, then the back of the foot.)

## Loving-kindness Meditation

*Loving-kindness meditation originally comes from ancient Buddhist traditions, in which there are many ways to cultivate this quality of warmth, friendliness, caring, and generosity. I have changed the traditional Buddhist phrases and instructions (such as 'May I be happy' ) in order to make it consistent with Acceptance and Commitment Therapy.*

Begin by finding a comfortable position, and practising mindfulness of the breath for a couple of minutes. Then, bring your awareness to the sensations around your heart area. As you focus, allow the sensations to be as they are, with an attitude of openness, interests, and receptiveness. Sometimes this is enough to connect with feelings of loving-kindness.

Next, think of a person who has been very kind and loving towards you. Reflect on what they've done for you, and why you're grateful to them. Remember a specific act they did, that was very loving or kind or caring, and remember how that felt.

Now imagine yourself radiating warm feelings of love, friendliness, kindness, generosity towards that person. As you do that, hold that person in your mind, and slowly and silently, repeat the phrases below (or rewrite them to suit your own needs, or make them more personally significant).

May you be healthy  
May you be peaceful  
May you be content  
May you experience love  
May you experience kindness  
May your life be rich and full and meaningful

As you say them, feel the meaning of the words, and radiate feelings of warmth, love, kindness, tenderness to this person.

Next, think of yourself, and the pain you've experienced, and radiate these same warm feelings towards yourself, while you say the same phrases, slowly and gently:

May I be healthy  
May I be peaceful  
May I be content  
May I experience love  
May I experience kindness  
May my life be rich and full and meaningful

As you say them, feel the meaning of the words, and radiate feelings of warmth, love, kindness, tenderness throughout your body, completely accepting every aspect of yourself. (And if your mind makes negative judgments or comments during the process, just let them come and go, like passing cars, or silently say 'Thanks, mind!').

Next, bring to mind someone who is a good friend, or someone (such as a child) for whom you have a strong sense of care, and radiate warm loving-kindness to that person. Imagine them filling up with those feelings. And once again, repeat the phrases:

May you be healthy  
May you be peaceful  
May you be content  
May you experience love  
May you experience kindness  
May your life be rich and full and meaningful

Next, bring to mind a 'neutral' person – someone who you have no particular feelings towards (e.g. a neighbour, or a local shopkeeper). Now radiate loving-kindness to them, as you repeat the phrases:

May you be healthy  
May you be peaceful  
May you be content  
May you experience love  
May you experience kindness  
May your life be rich and full and meaningful

Finally bring to mind someone with whom you may be having some difficulty or conflict, and radiate loving-kindness to them. (Don't start with the most difficult person in your life! Start with someone who gives you a mild-to-moderate degree of difficulty.)

May you be healthy  
May you be peaceful  
May you be content  
May you experience love  
May you experience kindness  
May your life be rich and full and meaningful

Finish off by once more practising mindfulness of the breath.

Note: if you're full of self-blame or self-loathing, you may initially find it hard to send loving-kindness to yourself. That's okay. If it's too difficult, just skip that bit initially. As you keep practicing this exercise, and get better at sending loving-kindness to others, you will find there comes a time when you are able to send it to yourself.

# VALUED ACTIVITY LOG

*Please complete this form at the end of each day*

This week, at the end of each day we would like you to think about an action that you took that was consistent with one of your values or an opportunity that you missed to take an action consistent with your value. Briefly describe the action and mark T for taken or M for missed.

On a scale of 0-100 rate how mindful you were during the action or the missed opportunity.

Note any obstacles that you noticed that stopped you from taking action (or could have).

There are no right or wrong answers to this assignment – we all choose not to engage in valued actions for a variety of reasons. This is just a way for us to start to get a better sense of what may be getting in the way for you so that you can make choices as to how you would like to proceed.

<b>Date</b>	<b>Action</b>	<b>Taken (T) or Missed (M)</b>	<b>Mindfulness (0-100)</b>	<b>Obstacle</b>

PRACTISING MINDFULNESS OF AN **UNPLEASANT** EXPERIENCE

Experience	Physical Sensations	Urges	Thoughts
Eg heated argument with partner	Tension in jaw, churning in stomach, hot cheeks	Urge to shout, throw something, say something hurtful	'I can't stand this' 'I need to get out of this relationship'



PRACTISING MINDFULNESS OF A **PLEASANT** EXPERIENCE

Experience	Physical Sensations	Urges	Thoughts
<p>Eg sat in the park, watched the sun shining on the river</p>	<p>Felt light in the body. Felt my mouth smiling. Breathed slowly.</p>	<p>Urge to whistle. Urge to breathe in the fresh air. Urge to smile.</p>	<p>'The river looks beautiful.' 'This sun feels great on my face.'</p>

## ACT and ANGER

1. Ask: why does client consider anger to be a problem? (Clients typically believe that their anger controls their actions. They are likely to tell you anger is a problem because ‘it makes me do X, Y, Z’ Alternatively, clients may just believe that anger is a ‘bad feeling’, that they ‘shouldn’t have’ if they are a ‘nice person’. Such clients are usually women.)
2. Determine if anger is in the service of experiential avoidance – eg to avoid fear or hurt, or sadness. If so, what are the thoughts/feelings being avoided? (Use defusion/acceptance to handle these feelings)
3. Determine if anger is ‘instrumental’ – ie to manipulate others into getting your needs met. If so, what needs are you trying to meet? (Later we will need to consider, what are more adaptive methods for getting these needs met? And if needs won’t or can’t be met, what thoughts and feelings will need to be accepted/defused?)
4. Distinguish feeling angry from acting aggressively (or passive-aggressively). You **can control** your actions (provided you are self-aware) even when you have little or no control of your feelings; e.g. you can feel furious, but still talk calmly and act assertively.
5. If client is unwilling to change aggressive behaviour, go to creative hopelessness: how is aggressive behaviour working in terms of creating a life you want? What are the costs? If client insists that aggressive actions *do* succeed in getting their needs met, ask: *Okay so you get your needs met, but at what cost to your relationships with others? Is this how you want to be remembered? Is this what you want on your tombstone?*
6. Aim is NOT to get rid of anger. Aim is to be able to *feel* angry, while retaining self-awareness and acting effectively. Anger will come and go in its own time.
7. Increase body awareness: mindfulness of physical sensations that indicate anger is rising.
8. Defusion around unhelpful cognitions that feed anger. Especially look for harsh judgments of self and others; look for ‘shoulds’ and other rigid rules. Look for evaluative language. Undermine ‘reason-giving’ that justifies or maintains aggressive behaviour.
9. Learn to ‘surf’ anger. Let it come and go, like a wave, without acting on it, and without dwelling on it. Rate it on a scale of 0-10. Notice where you feel it in your body. Breathe into it and make room for it. Notice the stories or images that go with it – and defuse them. Let the feeling be there, and focus your attention on taking effective, values-guided action
10. Learn to find the pain/hurt underneath the anger - and practice acceptance of that pain. In other words, practice self-compassion. (Metaphor: Anger is like armour. You put it on and charge into battle. But underneath the armour is a wound, which won’t heal unless you give it some air, and tend to it carefully. See forgiveness script for more detail)
11. Increase awareness of anger triggers – so you can prepare effectively for situations where you might anticipate anger arising.
12. Imaginary and in vivo **rehearsal** of values-consistent responses to challenging situations. May require learning communication/assertiveness skills. May need to practise ‘taking time-out’. May be helpful to (lovingly) warn others when feeling irate. (Emphasise importance of practice and rehearsal – both imaginary rehearsal and in vivo.)
13. Defuse unhelpful stories that repeatedly trigger or maintain anger - very important in relationships. Especially defuse unhelpful stories about others’ motivations.
14. Connect with values: what sort of partner/parent/ friend/ worker do you want to be? Do you value treating others this way? Commit to behaviour change in line with values.
15. Stuff-ups will happen. When they do, apologise - and make amends wherever possible. Also practice self-acceptance and self-compassion. Defuse guilt and self-blame.
16. Consider forgiveness. (Corpus Delicti metaphor; Off The Hook metaphor) Practice forgiveness, compassion, loving kindness exercises.

## Brief Self-As-Context Exercise

### Basic Formula:

- Bring your awareness to/ notice / observe ... X
- As you do that, be aware that you're observing/noticing it/them
- There's X and there's you observing/noticing X
- If you can observe/notice X, you can't be X

Then repeat for Y, Z, A, B, C

Finally ask: this 'you' that observes/notices X, Y, Z, A, B, C – is it 'good' or 'bad' - or is it 'just there'?

### When working with thoughts:

Bring your awareness to your thoughts.

Where do they seem to be located: above you, behind you, in front of you, inside you?

Are they moving or still? If moving, in what direction? How fast?

What form do they take? Are they more like pictures, or sounds, or words, or a mixture?

As you observe your thoughts, be aware that you're observing them.

There are your thoughts and there's you observing them

If you can observe your thoughts, you can't be your thoughts

### Examples: bring awareness to

Your feet on the floor

Your breathing

The sounds you can hear

The emotion you're feeling right now

The sensations you can feel in your hands

### In between the above examples, keep coming back to thoughts:

“This gets your mind thinking – analyzing, trying to figure it out. So whatever thoughts you're having right now, just 'step back' and notice them. There are your thoughts, and there's you observing them.

## **Improvised Mindfulness**

Try improvising your own mindfulness exercises, using this formula.

- Bring awareness to X (or notice/ observe X).
- Notice how X changes and/or Notice different aspects of X.
- Notice the difference between X itself, and your thoughts about X.
- As you observe X, from time to time you will get distracted, and your attention will wander.
- Once you realize your attention has wandered, take a brief moment to note what distracted you, then gently bring your attention back to X
- Then do the same for Y, Z, A, B, C (thoughts, images, sounds, sights, tastes, smells, sensations, emotions, body parts, memories, movements, urges, breathing etc.)

Add in phrases such as:

- ‘Let your thoughts come and go like passing cars’; if you like, you can acknowledge their presence in the same way as you might nod at a passing car’ (if you wish to facilitate defusion)
- ‘Allow your feelings to be there. Let them be. Make room for them.’ (if you wish to facilitate acceptance)
- If there’s a particularly troublesome feeling, silently acknowledge it. -‘Here’s a feeling of frustration/ boredom/anxiety’ and let it be. (if you wish to facilitate acceptance)
- As you observe X, be aware that you’re noticing it. There’s X, and there’s you observing it. (if you wish to facilitate self-as-context)

Finish with a broad awareness of X, Y, Z, A, B, C, simultaneously, eg:

Noticing your body in the chair, and your feet on the floor, and the movement of your breath, and the sounds you can hear, and whatever you can feel – all at the same time. And opening your eyes, and also noticing what you can see. Being fully present in the room, aware of all this at the same time.