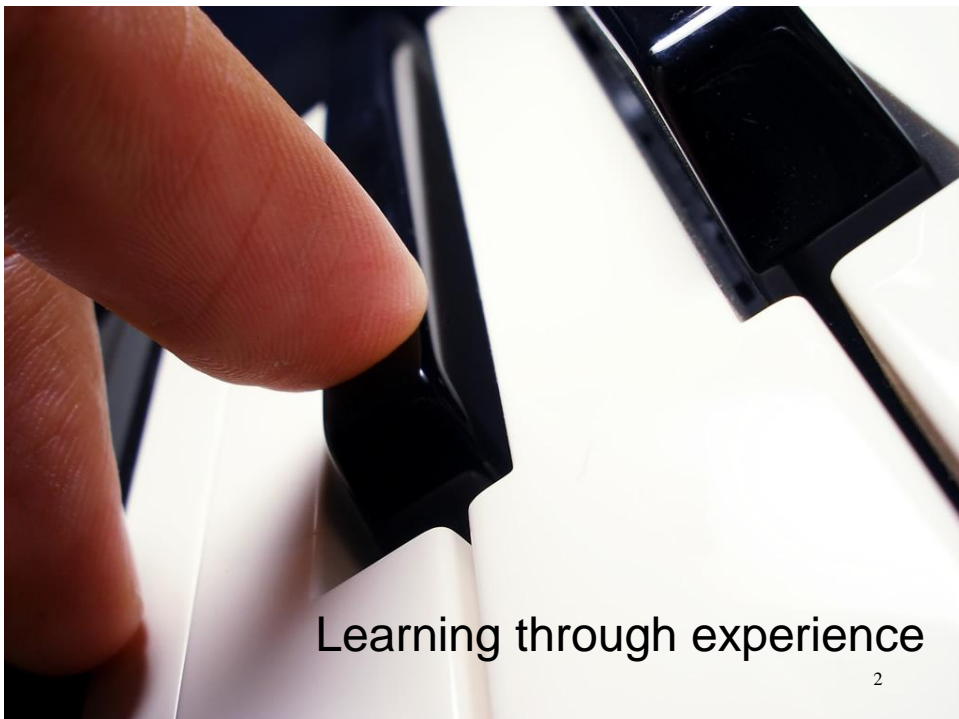


Developing the Core Skills and Competencies of Acceptance and Commitment Therapy

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PORTLAND
PSYCHOTHERAPY
clinic | research | training

1



Learning through experience

2

Why structure the workshop this way?

"Therapy is a discussion between two people, one of whom is more anxious than the other, and it's not always clear who that is."

---Harry Stack Sullivan



3

Why structure the workshop this way?

- Because ACT assumes that humans playing the role of *therapist* are not fundamentally different than humans playing the role of *client*
- We get stuck in many of the same traps that our clients do (since we're also human)
- Thus, to maximize our ability to help, we need to understand these traps experientially, not just through book learning

4

Informed Consent

- Some of this will be experiential
- Confidentiality
- Its your choice to participate, some will do their work privately
- You are encouraged to try it on

5

Introductions

- Tell us a little about yourself – including your background with ACT
- Tell us what you want to get out of this workshop
- What might you do that might get in the way of that occurring?

6

Outline

ACT in 4 Acts

Act 1 – What is ACT?

Act 2 – ACT fundamentals

Act 3 – Experiencing ACT

Act 4 – Living ACT

7

Act 1

What is ACT?

Overview & context

8



Mindfulness Based Therapy

Is ACT?

*“the last therapy model
you’ll ever need...”*

“best”

No

*“the best thing since
Ben & Jerry’s
Crème Brulee
ice cream”*

“the truth”

“right”

ACT is...

- ✓ Mindfulness-Based Therapy
- ✓ *Contextual* Cognitive-Behavioral Therapy (CBT)
- ✓ Part of larger trends in the field (“third wave”?)

11

ACT is...

- ✓ A set of empirically based processes and procedures
- ✓ A set of flexibly applied principles, ...not a set of techniques (though includes many techniques, some unique, but many that may be familiar)

12

Act 2

ACT Fundamentals

Assumptions & theory

13

Basic Assumptions

14

Assumption: Destructive normality

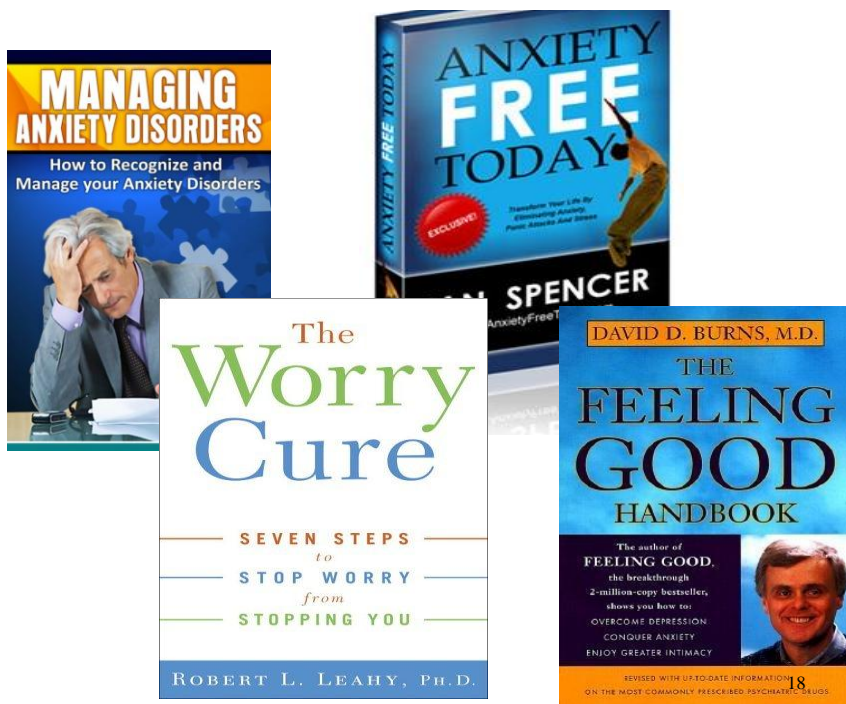
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16

The mainstream mental health establishment buys into this message too

17





19

Video



20

What if happiness isn't normal?



21

- *High rates of DSM disorders*
- *High rates of divorce, sexual concerns, abuse, violence, PTSD*
- *Lifetime rates of suicidal thinking*

Reasons to be suspect

22

What if suffering is more than
significant pain?

What if living well doesn't
follow feeling well?

23

An alternative: Destructive
normality

Normal language & cognitive processes
often are problematic and can amplify or
exacerbate unusual pathological
processes

24

Language/thought results in the single biggest evolutionary advantage, the ability to solve problems

What is problem solving?

Problem = something you don't want

Solution = figure out how to get rid of it or avoid it

25

Language is a double-edged sword



Unlike other animals, we cannot
avoid pain situationally

Remember a time when...
Imagine a future where...
Compare yourself to...
My life would have been so much
better if...

27



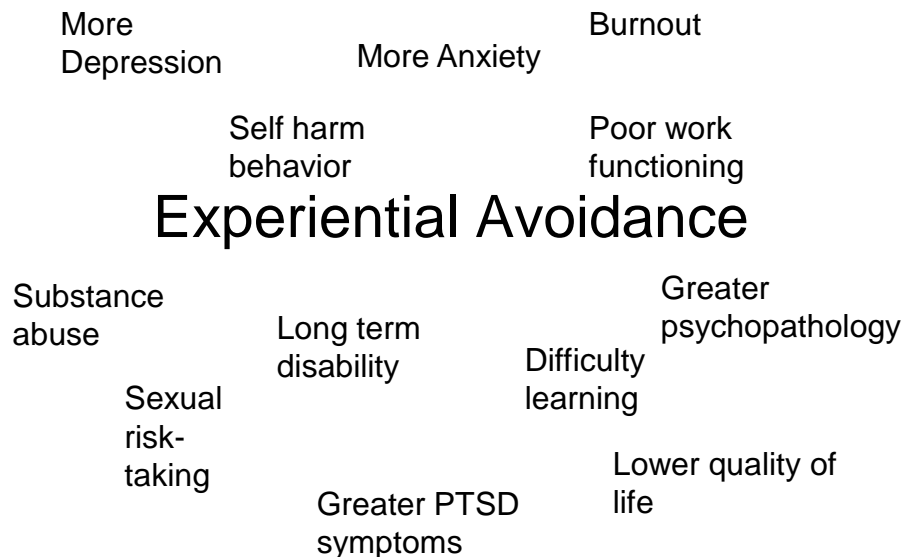
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Problem solving gone wrong

We turn this cognitive problem solving inside...this is *Experiential Avoidance*

We struggle to avoid, suppress, or get rid of difficult or painful private experiences, even when it is costly or ineffective to do so.

29



30



Potential costs of experiential avoidance

- It can backfire, resulting in more suffering
- Narrowing our attention and awareness
- Interference with valued living – spending time struggling with suffering, rather than living our values

33

Primary clinical targets in ACT

Experiential avoidance

Cognitive Fusion

34



35



Cognitive Fusion

- We get caught up in language/thought
- Verbal constructions of life can even become a substitute for life itself
- People cannot distinguish a verbally-based and evaluated world from the world as directly experienced through the senses.

36

Exercises

- The glass

37

No big deal when it's saliva in a glass, but what about when it's...

- Images and memories of a rape
- Harsh judgments about one's self
- Certainties about one's future
- Images of your family being harmed
- An imagined future with all its problems
- Stories about past mistakes and "what ifs?"

38

If these are normal processes,
then....

39

Assumption: Our clients are NOT
broken or sick, they are stuck
(and we can be too at times!)

40

The processes that get them stuck are normal, expected “side effects” of language.

You have these processes too. If you haven’t been entangled in them yet (unlikely), you probably will be at some point.

Even knowing this, you will hand them to your children and your grandchildren.

41

Therapeutic Posture

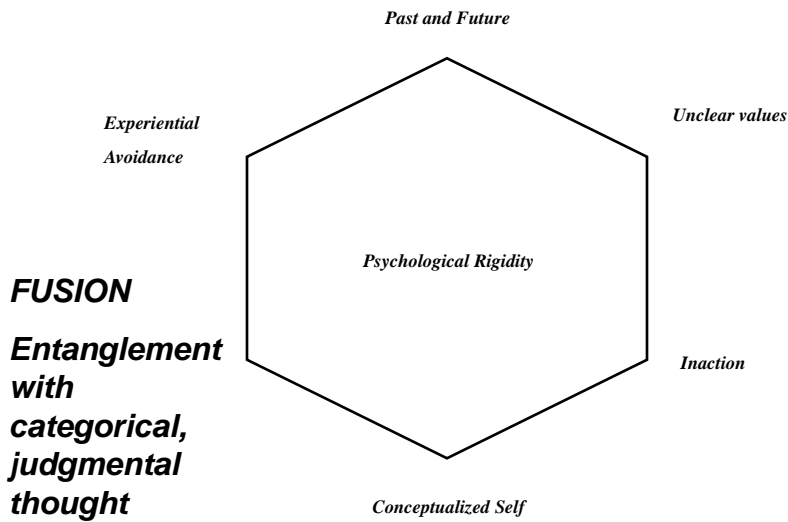
- Whatever the client is experiencing is not the enemy – it’s the struggle against it that’s harmful
- Radical respect for clients’ values – the issue is the workability of their lives, not your opinions
- Never forget that you are in the same boat

42

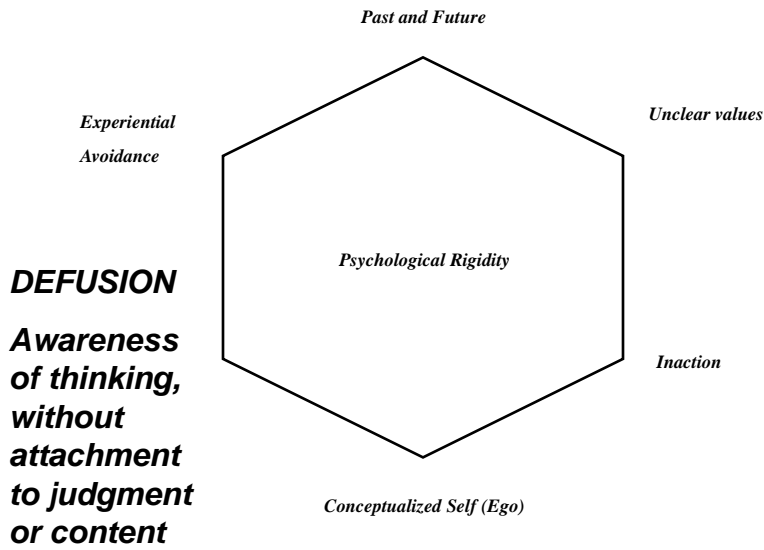
The basic model: 6 core processes (to be held lightly)



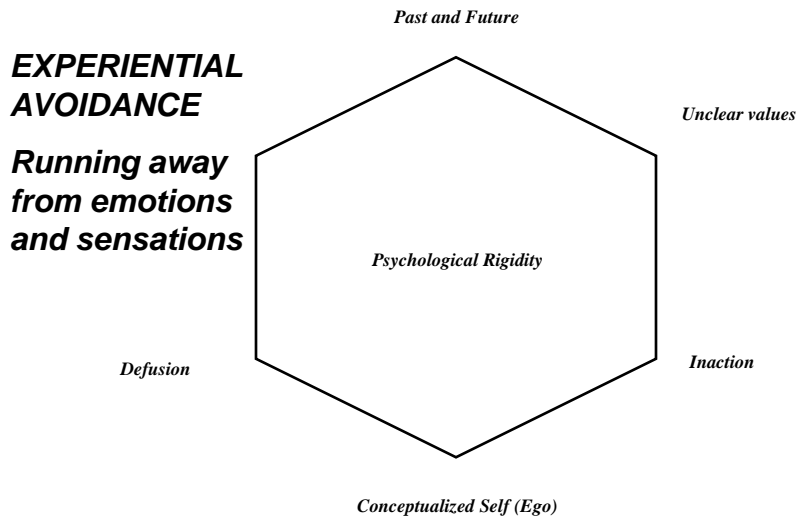
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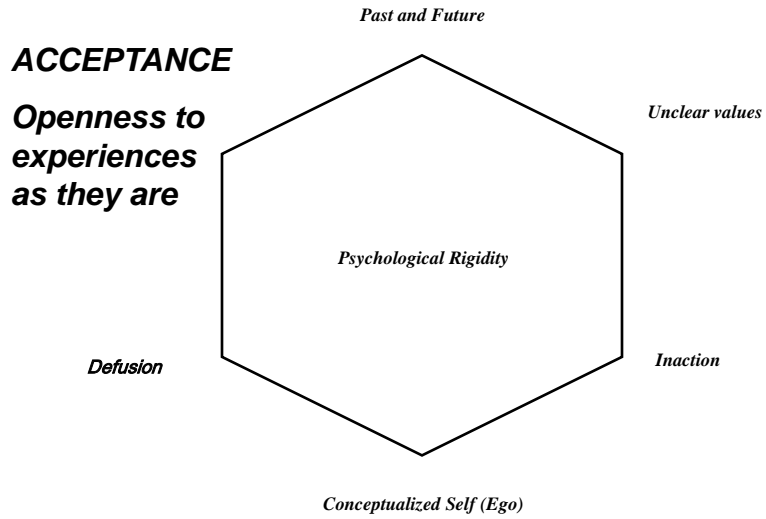
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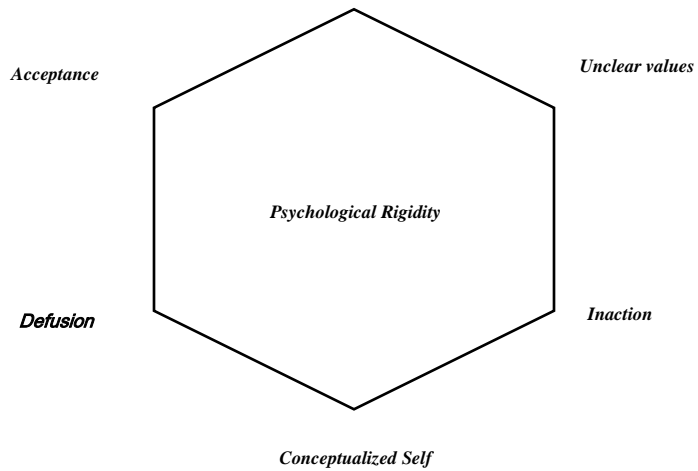


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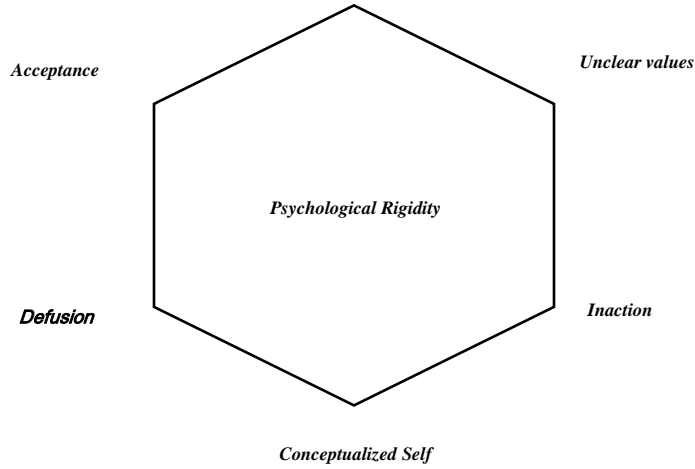
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RIGID ATTENTION that loses contact with the present moment

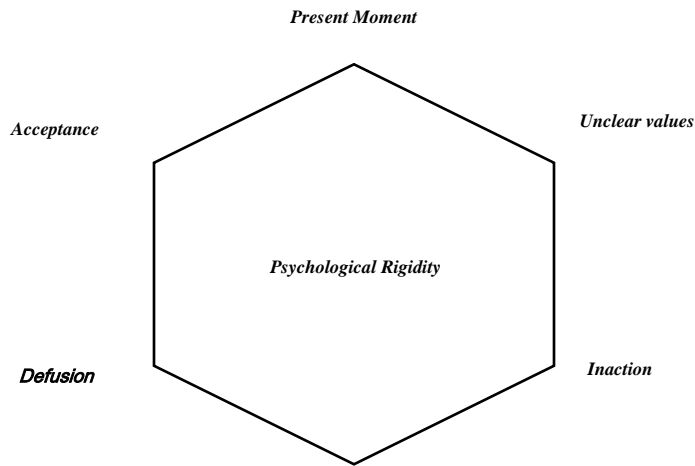


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FLEXIBLE CONTACT WITH THE NOW
that is voluntary and effective

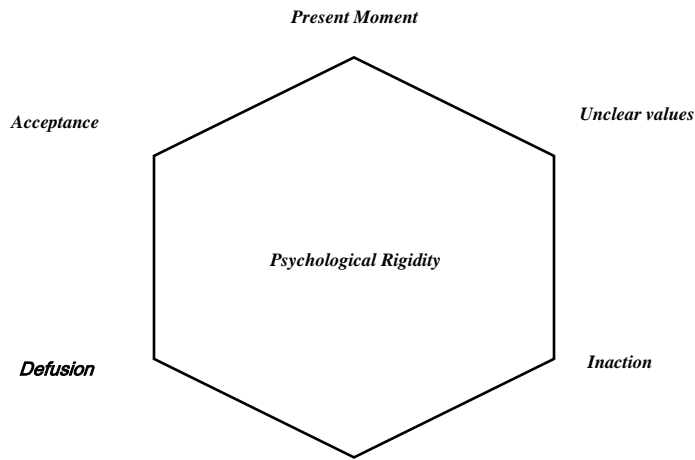


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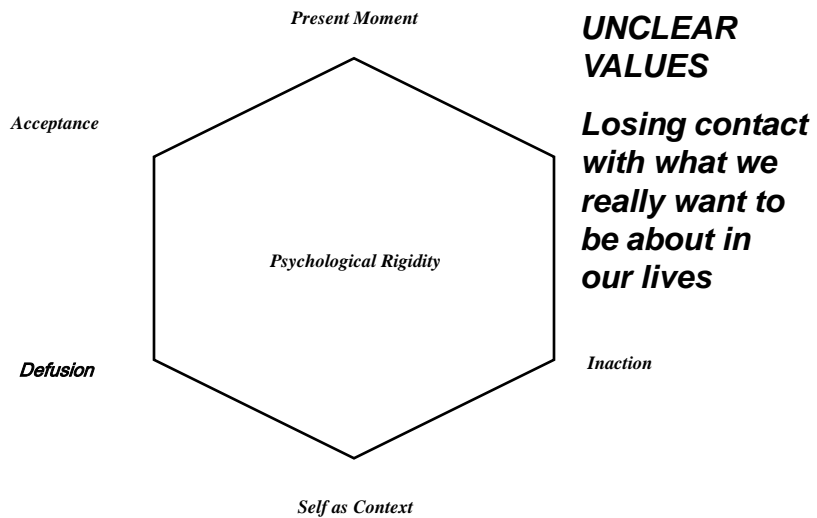
THE CONCEPTUALIZED SELF

Buying into stories of who we are and who others are

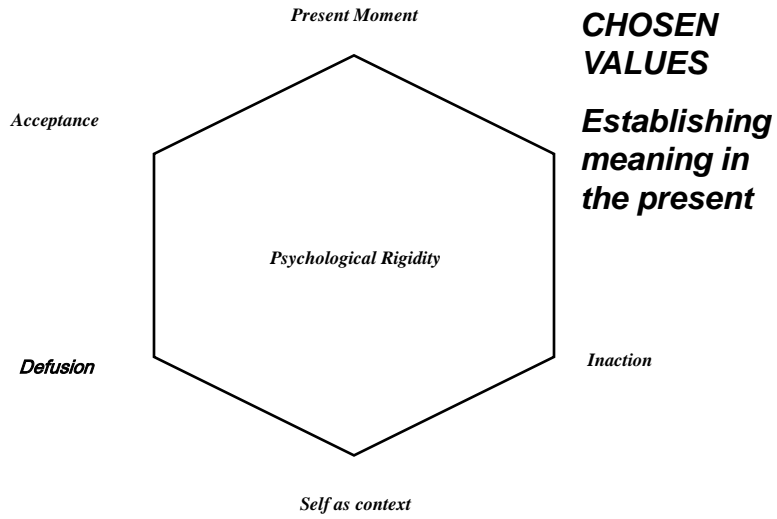


Perspective taking – contacting a transcendent sense of self

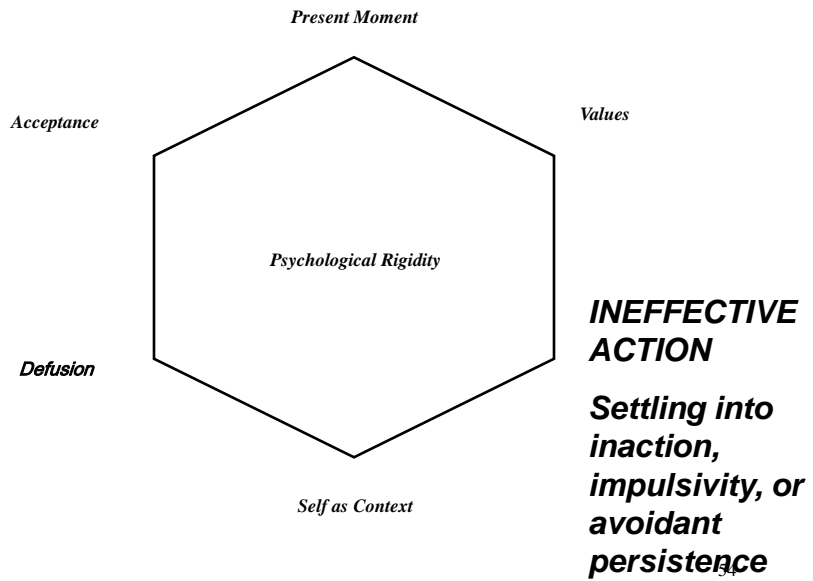
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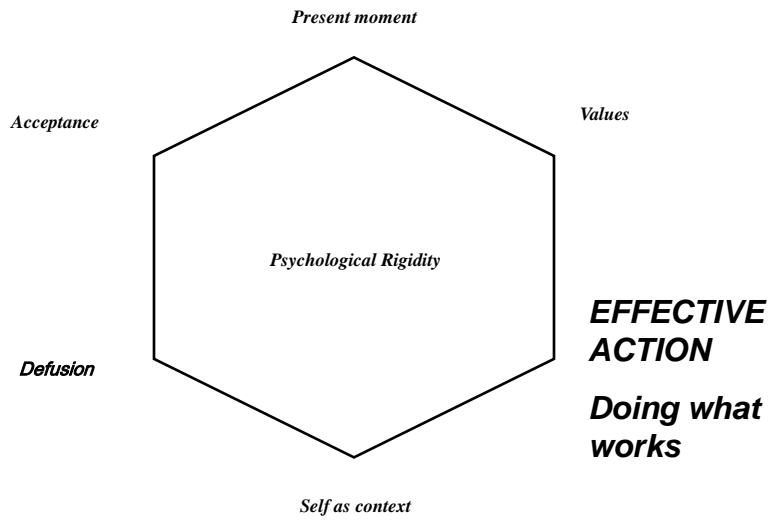


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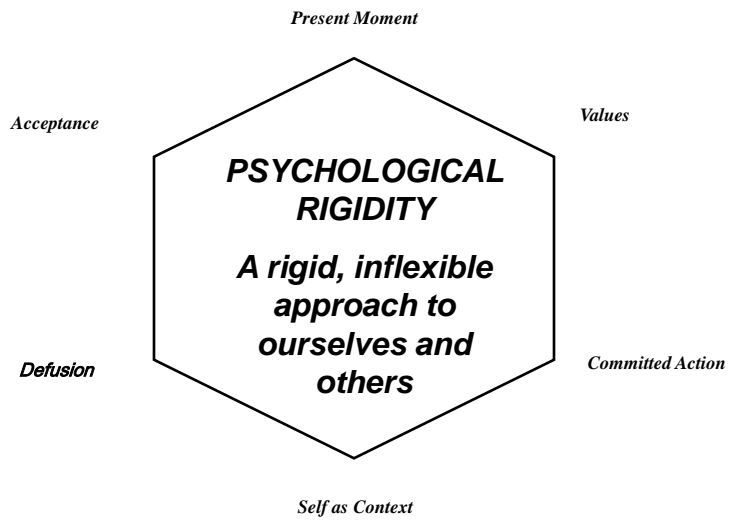


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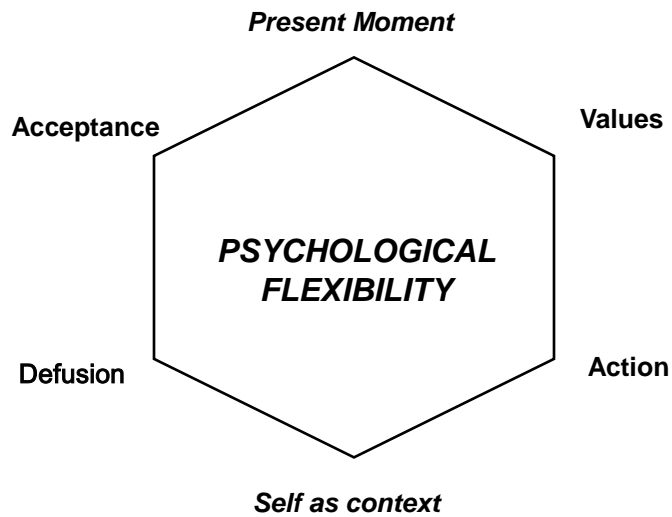


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What ACT attempts to foster



57

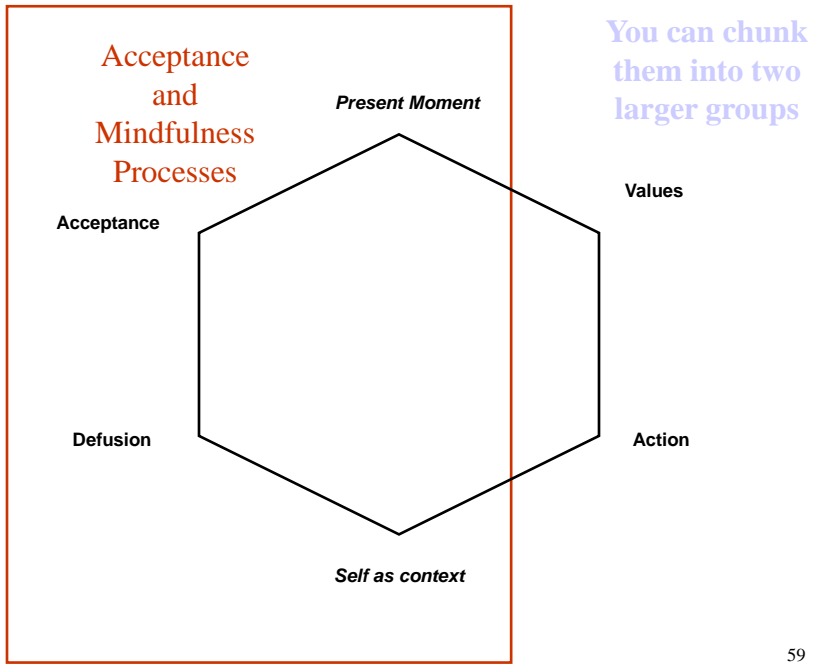
Psychological Flexibility

Two parts:

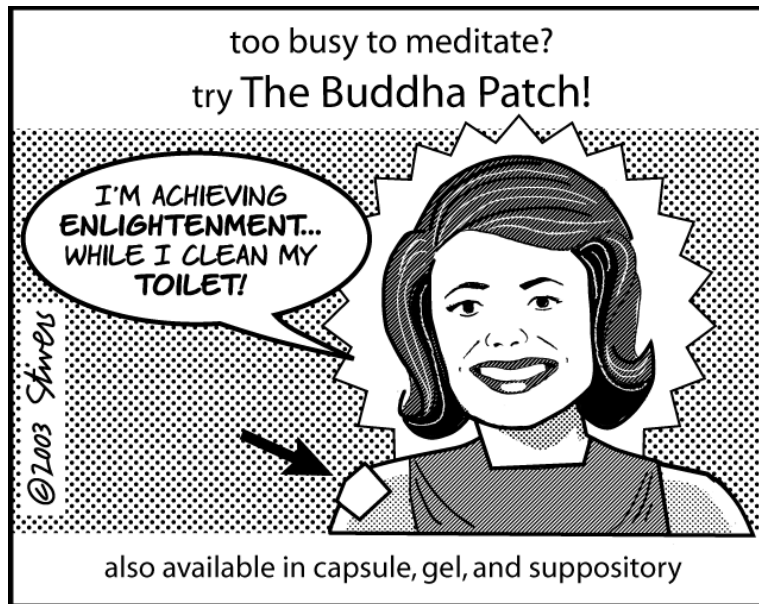
- 1) the ability to be psychologically present
- 2) the ability to control your behavior to serve valued ends



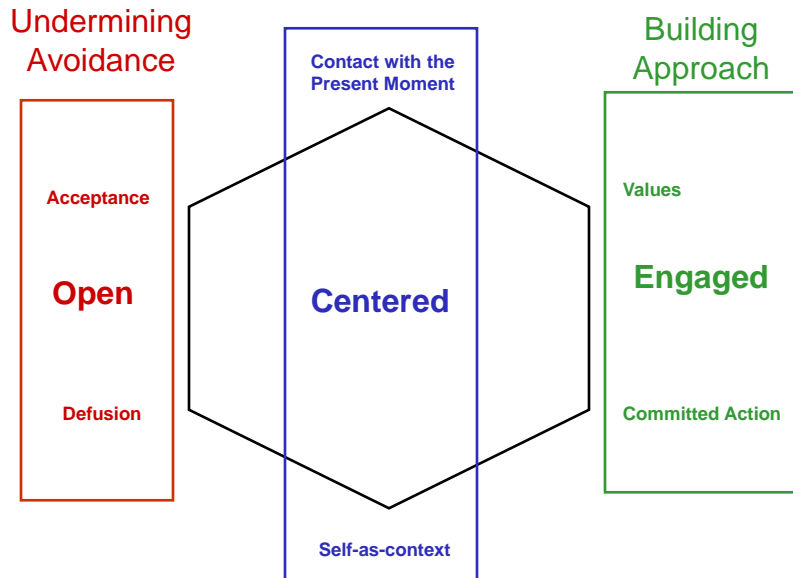
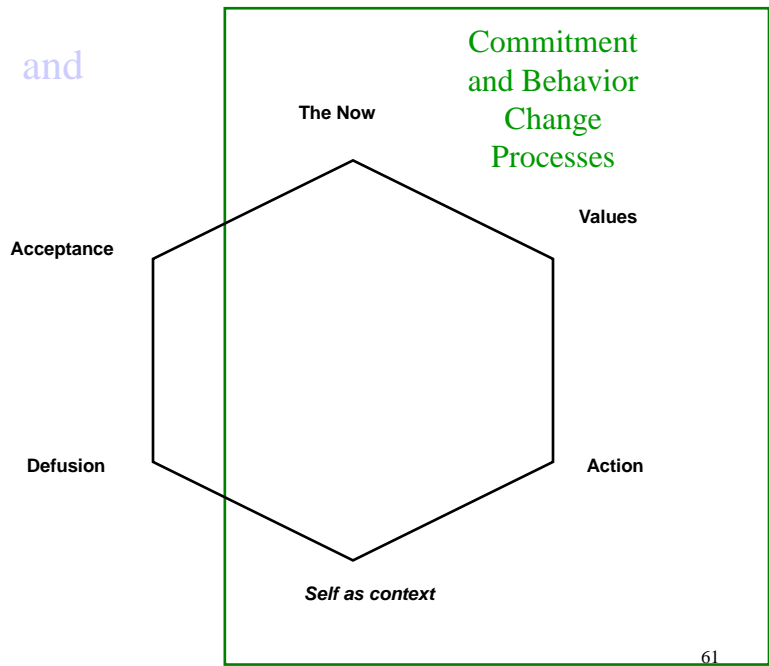
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59



60



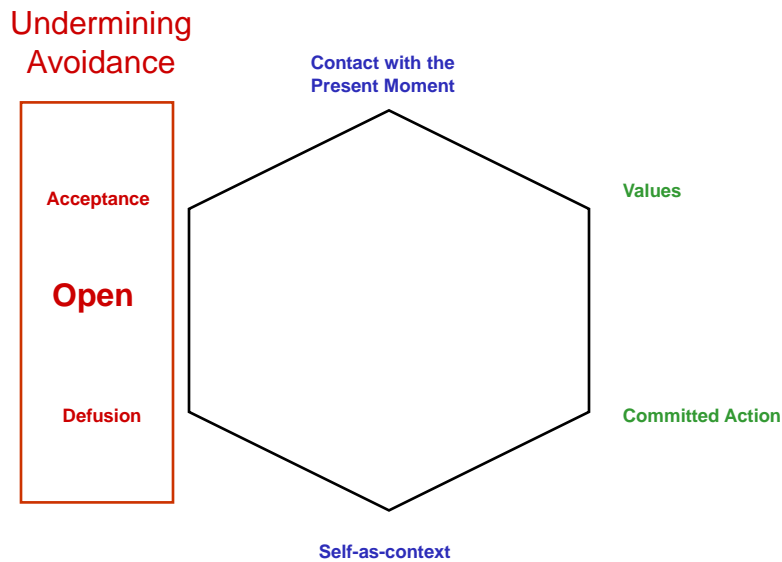
The ACT Question

- Given a distinction between you and the things you are struggling with and trying to change, are you willing to experience those things, fully and without defense, as it is and not as it says it is, *and* do what takes you in the direction of your chosen values in this time and situation?

Act 3

Experiencing ACT

Working through the model



65

Processes on the left side

- Primarily about undermining aversive control -- inflexible and constricted patterns of behavior that are forms of experiential avoidance and fusion
- Attempts to weaken language in the areas where using language tends not to be helpful (inside the skin)

66

Acceptance



67

Acceptance

What comes to mind?

What it is not:

- Tolerating, putting up with
- Resignation
- Defeat, a “less than” alternative

68

Acceptance

What it is:

- An act, a behavior, a move
- Openness, without defense
- Letting go of judgment

69

Acceptance: 2 parts

- 1) Help clients to notice experiential avoidance and its workability
- 2) Develop acceptance/willingness

70

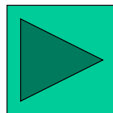


Step 1:
Build awareness
of experiential
avoidance

Clients often are not aware of the extent of nor the purpose of their own avoidance behavior.

We help them identify and track experiential avoidance behaviors and their function.

Video



Step 2: Track workability



73

Track workability in two domains

Suffering - Has what the client has done to reduce or eliminate anxiety really reduced or eliminated anxiety in the long run?

- “How has this worked in the long run? Have you anxiety gotten less and less over time?”

Values – Is life smaller because of efforts to reduce or avoid whatever problems they have identified?

- “What has happened to your life over time? Have you done more or less with your life?”
- “What have you given up in an attempt to deal with this problem?”

74



Validate unworkability

What if it can't work?

75

Capture in a metaphor: Creative hopelessness

Metaphors and stories used here usually focus on times when a great deal of effort is put forward with little pay off.

The situation the client is in might be compared to:

- a hamster on an exercise wheel that goes nowhere,
- a person struggling to get out of quicksand,
- a gambler playing a rigged game,
- investing with a bad investment adviser,
- a person who gives meat to a tiger to make it go away, only to find the tiger returning bigger and stronger and hungrier,
- or a person who has fallen into a hole with only a shovel to "dig" herself out.

76

See one, do one.



77

Exercise: Suffering & Solutions list

Role play with three parts:

- 1) Make list of suffering and solutions
- 2) Track long-term workability
 - A. Reductions in suffering
 - B. Costs in terms of values (life constriction)
- 3) Capture it in a metaphor

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Developing acceptance: Mindfulness/willingness exercises

With an initial openness to willingness/acceptance the focus turns to actively *practicing and intentionally developing willingness* in the presence of previously avoided internal experience. Examples:

- Mindfulness meditation
- In vivo exposure
- Imaginal exposure
- “Looking for Mr. Discomfort” exercise

81

Acceptance questions?



82

Cognitive Defusion



83

Emo Philips:

I used to think that the brain was the most wonderful
organ in my body

....

Until I realized who was telling me this.

84



Cognitive Fusion

- We get caught up in language/thought
- Verbal constructions of life can even become a substitute for life itself
- People cannot distinguish a verbally-based and evaluated world from the world as directly experienced through the senses.

85

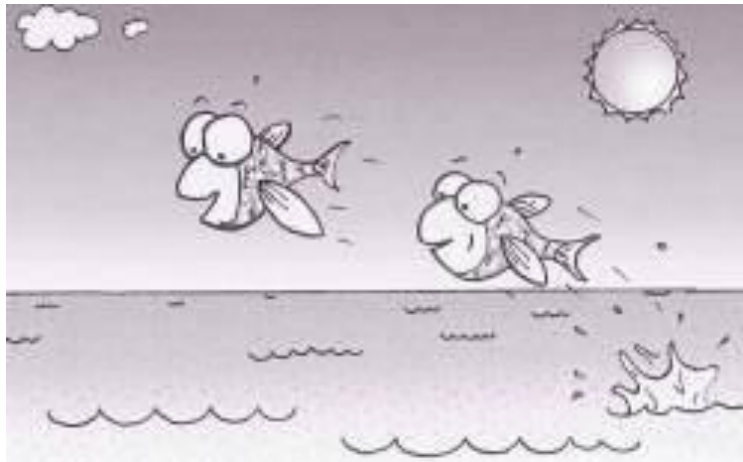
Defusion is...

- Looking *at* thoughts, rather than *from* thoughts
- Noticing thoughts, rather than being caught up in thoughts
- The aim of defusion is **NOT** to feel better, nor to get rid of unwanted thoughts

86

Fusion must be Made Visible

- Because it is everywhere, all-the-time, applied to everything, and unstoppable -- we don't notice it.
 - Time and evaluation
 - Old / familiar / lifeless
 - You disappear into it
 - Comparative and evaluative
 - Somewhere else / Some other time
 - Right and wrong; conflicted
 - Busy, confusing, clarifying



See, that's what I'm talking about!

DEFUSION PRINCIPLES

- Structure seeing the process with overarching metaphors
- Notice the automaticity of mind and ease of programming
- Notice paradoxical nature of trying to control thoughts
- Notice the limitations of language
- Physicalize the mind
- Practice noticing thoughts as thoughts
- Change the context NOT content of thoughts

The distinction between changing the content and changing the context of thoughts can be tricky.

Let's work on it.

Focus on content of thinking – CT approach (borrowed from Sona Dimidjian)

“I was depressed all day yesterday because I was thinking about how my sister really doesn’t love me.”

- * What is the evidence that this thought is accurate?
- * What would it mean if it were true?
- * Can you think of another way to interpret what your sister said?
- * Why must everyone love you?

Changing the context of thinking: Defusion responses

“I was depressed all day yesterday because I was thinking about how my sister really doesn’t love me.”

- When you think that thought, “my sister doesn’t love me,” how far away is it? Is it up here (holds hand up close to face) or out here (holds hand far away from face)?”
- So you spent a lot of the day caught up in your thoughts? (C: yeah) And here your mind is again, talking. Can you notice your mind right now? What’s it saying?
- Let me ask you something. Would it have been possible to have that thought, “my sister doesn’t love me,” as a thought, and then do something you value?
- When you think back to when you had that thought yesterday, “my sister doesn’t love me,” where was that located? Was it in the outside world? In your mind? In your body?

See one, do one.



93

Exercise: Thoughts on cards

Role play with two parts:

- 1) Elicit thoughts and feelings client is struggling with
- 2) Write those thoughts/feelings on note cards
- 3) Help the client interact with the cards using one of the variations on your handout

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Defusion questions?



95

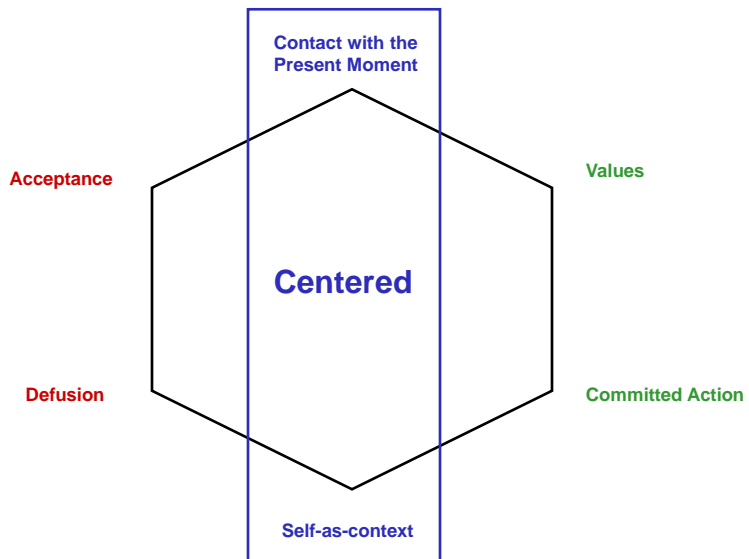
Please, give us feedback

Only feedback given before the end of the workshop can help you have a better experience *during* the workshop.

On a sheet of paper, please respond to these four questions:

1. What did you like best about today?
2. What would you have liked less of?
3. What would you have liked more of?
4. What's one thing you learned today that will affect the way you practice?

Please drop the piece of paper on the front table on your way out.



- Present moment - being in the present moment facilitates acceptance and defusion
- Self as context - contact with a sense of self as a transcendent, consistent observer facilitates a healthy distance from fused thinking and a sense of space to experience

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Present Moment

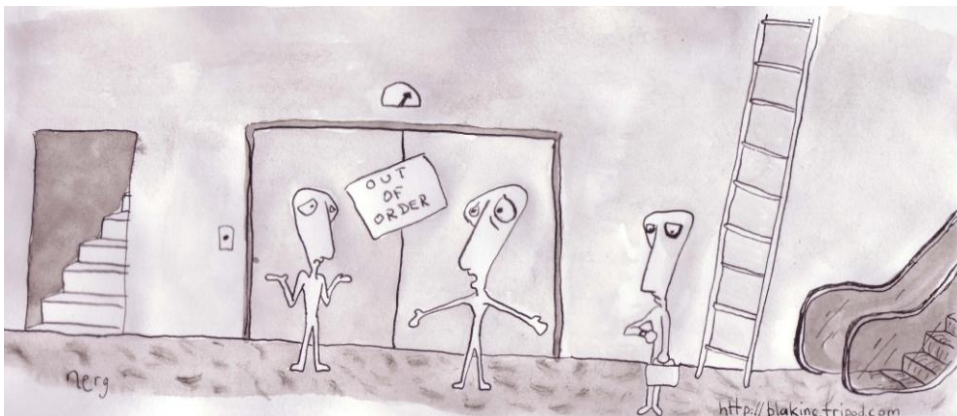


100

Why contact with the present?

- Too much time is spent living in thoughts about the future or past
- Life is happening now
- Fluid and flexible self-knowledge is developed by attending to the present

101



When we are not in the moment, we miss opportunities to discover what works

102

Contact with the present

How have we done this in the workshop?

- Slowing down
- Directing attention to five senses
- Using pace, vocal tone, etc.
- Observing what's happening in the present moment

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Self as context

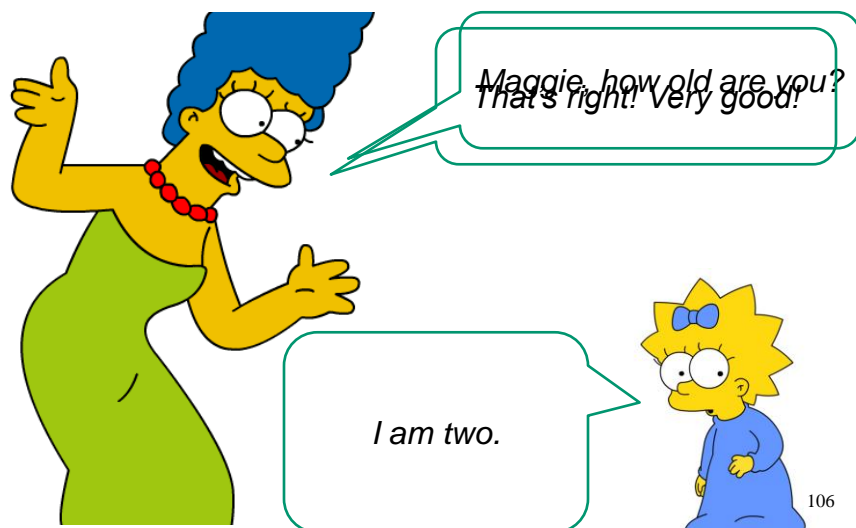


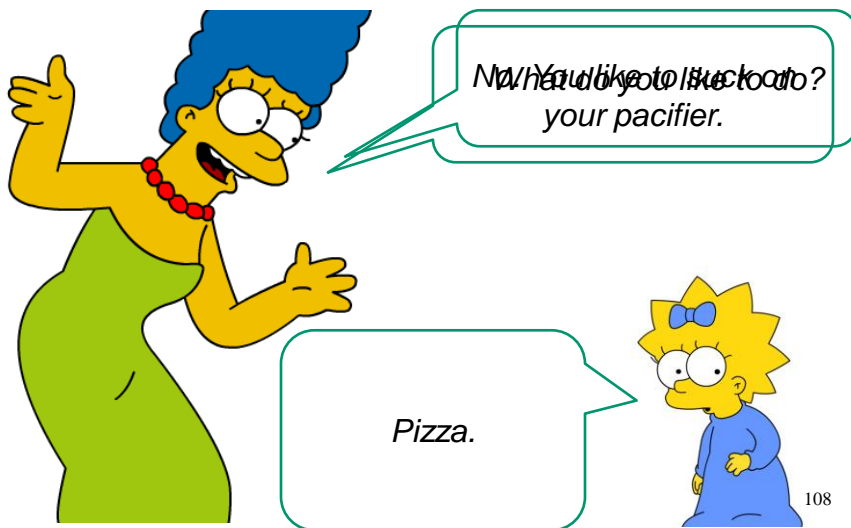
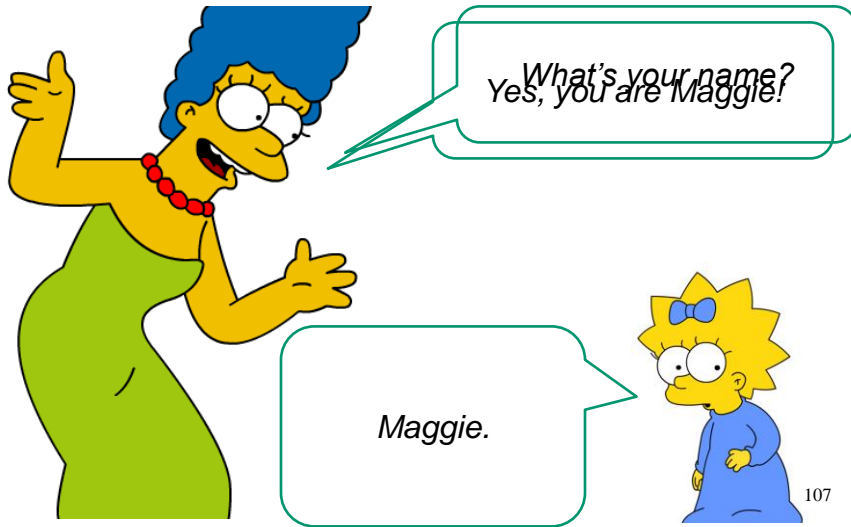
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A Conceptualized Self Emerges

- As we grow, we are taught to provide acceptable and coherent stories about ourselves that justify and explain what we do
- We are taught to detect and maintain consistency between what we say and do

105





The conceptualized self is...

- Well-elaborated
 - Touches on every verbally known aspect of life (e.g. history, situation, preferences, abilities, private events)
- Multi-layered
 - Different selves occur in different contexts
- Rigid
 - Historical, and thus, seemingly unchangeable
 - Basis for reason-giving

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Self (& other) as Content Clinical Issues

We see ourselves and others through the products of thought and miss the process of thinking

I am broken vs. **I evaluate** myself as broken

I am anxious vs. **I feel** my heart beating fast and I have the urge to run away.

You are obnoxious vs. **I am thinking** 'you are obnoxious'

110

What do you see?

I am ~~blifnifajpise.~~

I feel ~~andjris.~~

I think ~~dfisikijksog.~~

I want ~~sonabijferey.~~

I see ~~stuznigpasunt.~~

115

What did you do?

I am ~~blifnifajpise.~~

I feel ~~andjris.~~

I think ~~dfisikijksog.~~

I want ~~sonabijferey.~~

I see ~~stuznigpasunt.~~

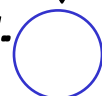
I did ~~dfisikijksog.~~

116

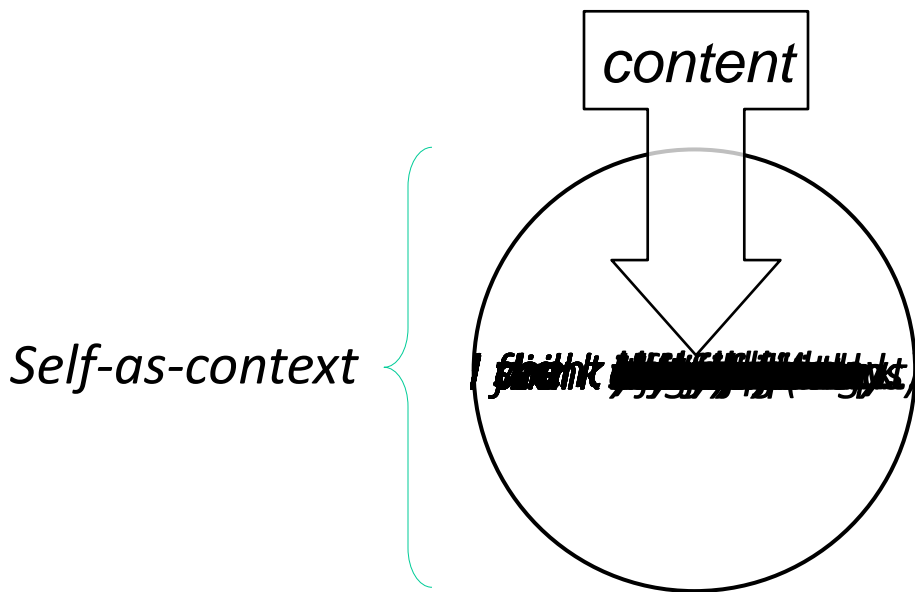
Only one thing is consistent.

I am ~~being~~ ~~feeling~~ ~~thinking~~ ~~wanting~~ ~~seeing~~ ~~doing~~.
 I feel ~~being~~ ~~feeling~~ ~~thinking~~ ~~wanting~~ ~~seeing~~ ~~doing~~.
 I think ~~being~~ ~~feeling~~ ~~thinking~~ ~~wanting~~ ~~seeing~~ ~~doing~~.
 I want ~~being~~ ~~feeling~~ ~~thinking~~ ~~wanting~~ ~~seeing~~ ~~doing~~.
 I see ~~being~~ ~~feeling~~ ~~thinking~~ ~~wanting~~ ~~seeing~~ ~~doing~~.
 I did ~~being~~ ~~feeling~~ ~~thinking~~ ~~wanting~~ ~~seeing~~ ~~doing~~.

The context where the answer occurs



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Examples of Attachment to Self as Content

Rigid attachment to a particular way of viewing oneself

- “I’m a good person”
- “I’m angry”

An attachment to a belief that one cannot change

- Often comes with a story that supports it
- “I was supposed to die then.”

119



Even fusion with a positive self concept can cause problems

120

Examples of poor perspective taking

Clinical Issues

- No/unstable sense of self
- Stigma, objectification of others
- Low empathy and self-compassion
- Difficulties with intimacy, connecting with others
- Dissociation

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Self as Context *Clinical Issues*

Contacting self as context allows:

- Loosening of attachment to conceptualized selves that create rigidity
- Contact with a place (you) that transcends experience and is thus a safe and consistent place from which to experience scary experiences

122

Self as Context Techniques

- Observing self exercises
- You as child, you as older adult
- Verbally changing perspectives
- Chessboard metaphor

123

Exercise:

Contacting observer self

Basic outline for contacting observer self has two parts

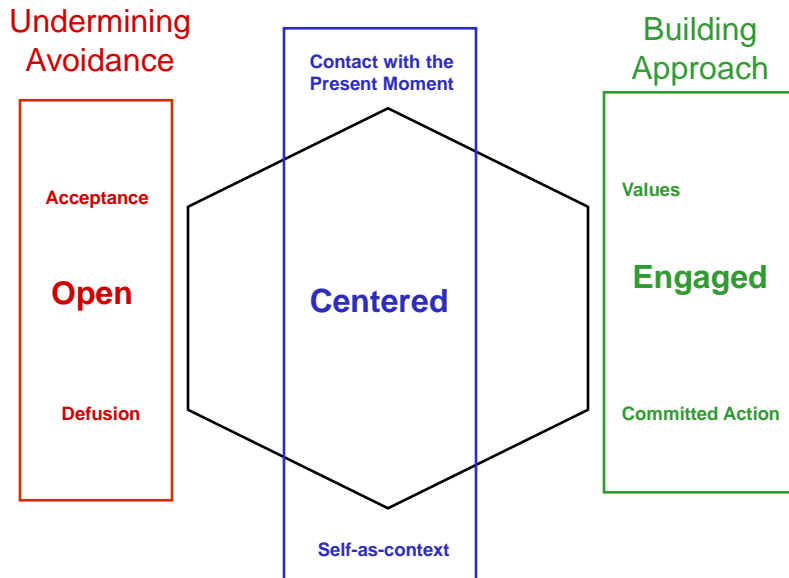
1. *Help client to contact the present moment*
2. *Give cues to help client notice they are noticing*

124

Self as context questions?



125



126

Processes on right side

- Aimed primarily at building broad, flexible patterns of behavior that allow persistence or change in the service of in valued directions
- Constructive
- Attempts to strengthen language in the areas where using language tends to be more helpful

127

Values



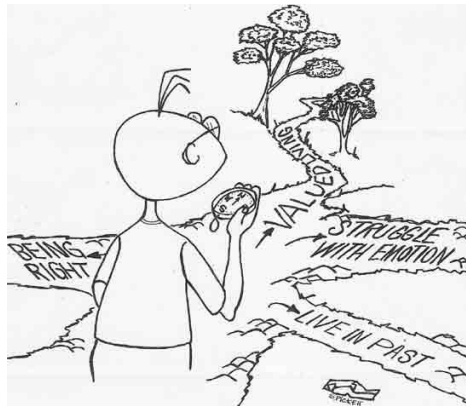
128

The ACT Therapist

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Values are the
compass for the
route

Committed action is
the steps in the
journey



The other processes are the tools that help the client develop the psychological flexibility to persist or change behavior as needed.

130

What are values?

WILD

- **W**hat (and **W**ho's) **I**mportant
- **L**iving - Not really a thing at all, but valuing is a quality of action, part of any purposive or intentional act
- **D**irections - not goals

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Connecting Clients with Values

Asking important questions:

- What do you want your life to stand for?
- What is most important to you?
 - If _____ wasn't such a problem for me, then I would _____.

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Qualities of effective values conversations

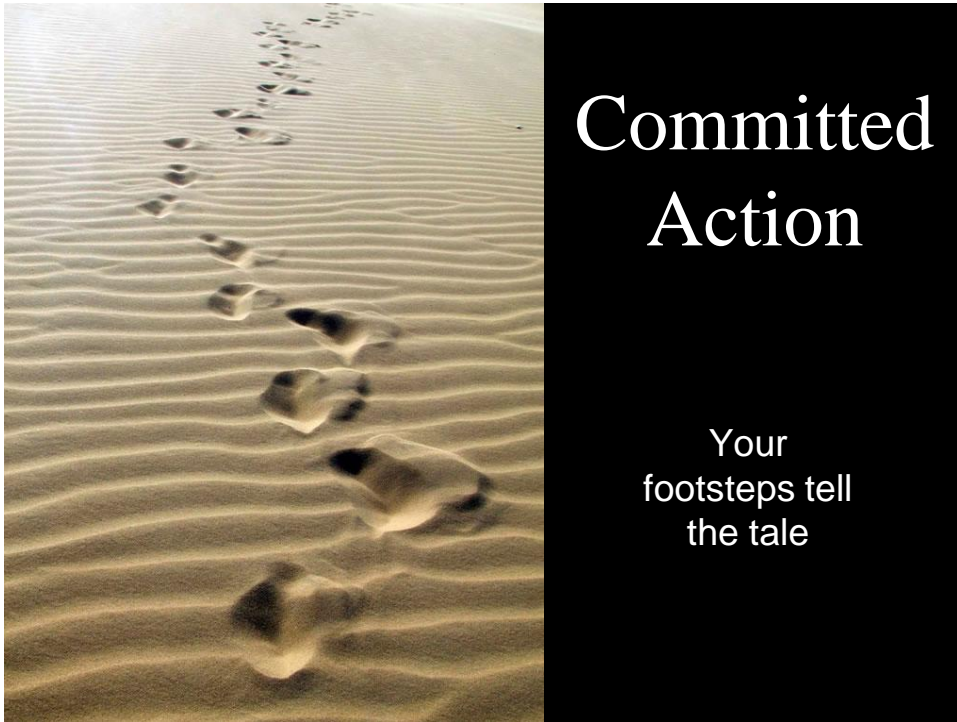
- Vitality
- Choice
- Present Oriented
- Willing Vulnerability

133

Values exercises/metaphors

- Epitaph/funeral eulogies/80th birthday
- Values/pain like two sides of a coin
- Magic wand
- Write the character of you

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Building Patterns of Committed Action

- Work with the client for behavior change in the service of chosen values, while making room for all their automatic reactions and experiences.

Committed action: Quality not quantity

Focus is on the quality of the client's pursuit of the goals—are they:

- In the present
- Defused
- Willing
- Paying attention to workability
- Noticing the link to values

Goals are signposts to enable a journey, not the point of the journey

137

Address barriers to action with acceptance and defusion.

- Focus is on helping the client to learn to act on their values, while also “leaning in” towards their own experience
- When we move in valued directions, we necessarily encounter psychological barriers

138

Commitment and willingness

- Committed action provides the opportunity to practice willingness again and again, over time
- Clients should never be coerced to make a commitment
- Committed action allows clients to experience that thoughts, feelings, sensations cannot literally harm them, but rather only harm them if they allow them to control how they act in their life.¹³⁹

See one, do one.



Qualities of effective values conversations

- Vitality
- Choice
- Present Oriented
- Willing Vulnerability

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Values and Committed Action questions?



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Riding the ACT Bicycle

- Get centered
- Go right to contact the motivation and also the barriers
- Go left to create flexibility around the barriers
- Go right to carry this into vital action
- When in doubt come home to the center

Act 4

Living ACT

Being an ACT therapist

ACT Agility Training:



145

Be Smokey, not Dalai
(even though she's adorable)



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Agility Training Steps

- 🔔 Watch section of video role play
- 🔔 Individually: Write down a response based on your identified ACT process (2 min.)
- 🔔 In small group: Discuss individual responses, and identify one response to share with large group (5 min.)
- 🔔 In large group: Discuss responses from small groups (10 min.)

147

Case Background

148

T: "That's what it's all about, your whole life?"

C: "Yeah, like all the things that I do like my eating disorder, and sleeping with people, the drugs and stuff, it's all like, I just want to feel OK."

T: "Right"

C: "Good enough."

- 👤 Individually: Write down a response based on your identified ACT process that illustrates one of the competencies you are focusing on (2 min.)
- 👤 In small group: Discuss individual responses, identifying what competencies they illustrate and identify best response to share with large group (5 min.)
- 👤 In large group: Discuss responses from small groups (10 min.)

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C: "Here lies Emily, she was loved and loved completely. That's what I would like it to say...That makes me sad."

T: "What's showing up? "

C: "I just feel like I'm never going to have that. "

- 👤 Individually: Write down a response based on your identified ACT process that illustrates one of the competencies you are focusing on (2 min.)
- 👤 In small group: Discuss individual responses, identifying what competencies they illustrate and identify best response to share with large group (5 min.)
- 👤 In large group: Discuss responses from small groups (10 min.)

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Adding in Precision



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T: “When you think about this [holds up tombstone card], could this be something that could make this hard work that you’re doing worth it?”

C: “If I thought I could have that? [points to tombstone card]”

- 💧 Individually: Write down a response based on your identified ACT process that illustrates one of the competencies you are focusing on (2 min.)
- 💧 In small group: Discuss individual responses, identifying what competencies they illustrate and identify best response to share with large group (5 min.)
- 💧 In large group: Discuss responses from small groups (10 min.)

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Precision Training Steps

- 🔔 Watch section of video role play
- 🔔 Individually: Write down which ACT process you would target and what the marker was for you choosing that process. (2 min.)
- 🔔 Individually: Generate a response that illustrates this process (2 min.)
- 🔔 In small group: Discuss individual responses, identifying what competencies they illustrate and identify one response to share with large group (5 min.)
- 🔔 In large group: Discuss responses from small groups (10 min.)

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T: “Would you be willing to feel these things [points to barrier cards] if it could make this [holds up tombstone card] possible? ”

C: “But I don’t think that’s possible ”

- 🔔 Individually: Write down which ACT process you would target and what the marker was for you choosing that process. (2 min.)
- 🔔 Individually: Generate a response that illustrates this process (2 min.)
- 🔔 In small group: Discuss individual responses, identifying what competencies they illustrate and identify best response to share with large group (5 min.)
- 🔔 In large group: Discuss responses from small groups (10 min.)

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C: “But it’s like if I’m doing this [points to the tombstone], I’m on this level of the game, these monsters [points to the barriers] and stuff can still be on their level. Maybe?”

T: “OK”

C: “You look like that isn’t right”

- 👤 Individually: Write down which ACT process you would target and what the marker was for you choosing that process. (2 min.)
- 👤 Individually: Generate a response that illustrates this process (2 min.)
- 👤 In small group: Discuss individual responses, identifying what competencies they illustrate and identify best response to share with large group (5 min.)
- 👤 In large group: Discuss responses from small groups (10 min.)

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T: “So there’s sort of a cost in fighting all these?”

C: “Yeah”

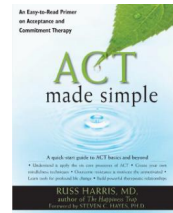
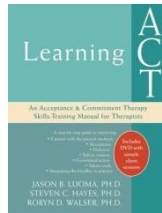
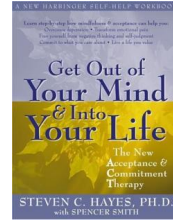
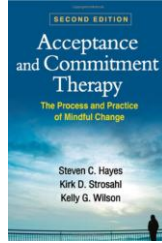
T: “Let me suggest another thing... Would you be willing to have these in your hand?”

C: “I don’t want to.”

- 👤 Individually: Write down which ACT process you would target and what the marker was for you choosing that process. (2 min.)
- 👤 Individually: Generate a response that illustrates this process (2 min.)
- 👤 In small group: Discuss individual responses, identifying what competencies they illustrate and identify best response to share with large group (5 min.)
- 👤 In large group: Discuss responses from small groups (10 min.)

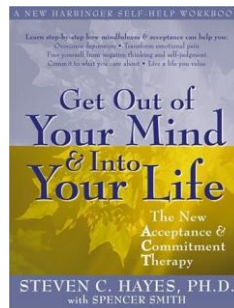
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Learning ACT Core books



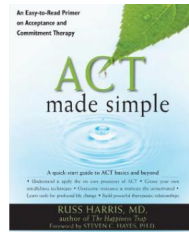
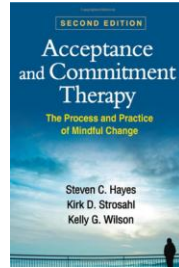
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Try some of these things
out with yourself



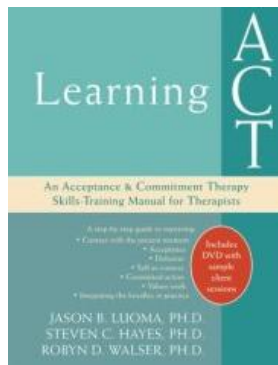
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Learn the basic techniques



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Practice in the therapist role



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Join ACBS (Association for Contextual Behavioral Science)



When you join ACBS, you will receive:

- 1) A comprehensive set of handouts for use with clients
- 2) Promotional materials to build your practice
- 3) A range of tools for assessment and case conceptualization
- 4) Scripts for a wide range of mindfulness and values exercises
- 5) Access to a vast archive of ACT papers and research articles
- 6) Free treatment protocols, videos, and audio recordings
- 7) Access to the ACT listserv, an active listserv where you can learn about the new developments in ACT and interact with people from all over the world.

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Learning ACT

Training opportunities

- Come to the ACBS World Conference in Berlin, Germany July 14-19, 2015
- Create/find a peer consultation group
- Watch DVDs, do online training or phone consultation
- Our emails: jbluoma@gmail.com & dr.lejeune@gmail.com

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Please fill out the post
assessment before you leave.
Good night.

Holding and Being Held

- Get people into pairs and asked them to sit facing each other. Also have them get a piece of paper that they can write on.
- Give them a couple minutes to write about the event or aspect of themselves that they feel shame around. Ask him to write about their feelings relating to this event any thoughts evaluations they have about it. Let them know that they will not be sharing any of the content of what they wrote in the exercise.
- Then, ask them to fold up the piece of paper that they were writing on.
- Ask people to hold the piece of paper in their hand and close their eyes. Then lead them through a brief exercise where they notice what it's like to be in contact with this piece of their history. Notice how they feel towards their shame. What is their action tendency or their urge in response to their shame?
- *We're now going to do an exercise relating to gently holding another person's shame and also being open to another person's compassion towards those aspects of yourself that you feel shame around. This is the kind of thing we are asked to do in therapy on a regular basis. The first thing I would like you to consider is, would you be willing to hold your partner's piece of paper? Consider that this piece of paper describes events or aspects of themselves that this person finds disdainful, perhaps even things they would consider as horrible terrible things about themselves.*
- *Now notice that your partner is thinking about the same thing in relation to holding your piece of paper with what you wrote on it.*

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Now, if you're willing, hand your piece of paper to partner. See whether you can let go of the sense of wanting to do this "right." If you find your mind talking about this, or evaluating it, just notice that you're mind is doing that, and then come back into the room and get in touch with the exercise.

Notice, what it's like to hold your partner's shame.... What kind of feelings are you having? What kind of thoughts? Are there any urges? To see if you can notice each of those as they arise and allow them to come and go.

Notice, what it's like to realize that your partner is holding your piece of paper. What kind of feelings are you having? What kind of thoughts? Are there any urges? To see if you can notice each of those as they arise and allow them to come and go.

As you return your attention to the fact that you are holding your partner's piece of paper, consider, how do you want hold your partner's shame? Knowing that this person can be quite harsh with him or herself related to whatever is on that piece of paper.

Realize that this person is looking back at you wondering about the same thing....

And as you are holding this vulnerability of your partner, ask yourself this question... Is there anything that needs to change about the person you are looking at in order for them to be a whole, complete person? And once you have the answer to that, why would it be different when applied to you and your experience?

Now, offer the piece of paper back to your partner.

Now that you've taken back your own piece of paper, notice what it's like to receive it back. Is it any different now than the first time you held it?

And given how you wanted to be with your partner's shame how do you want to hold your own?...

Give them some time to debrief with their partner.

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