
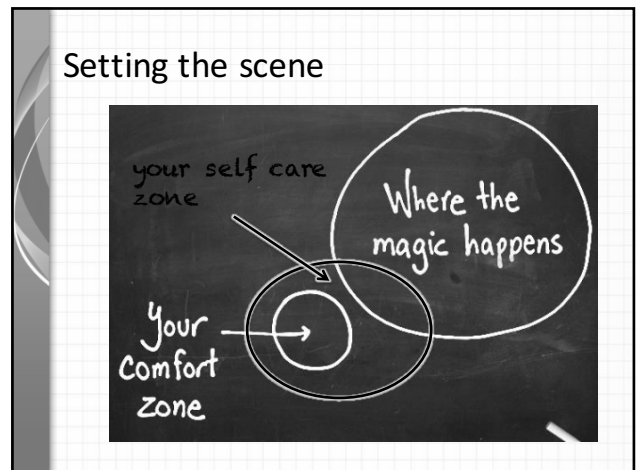
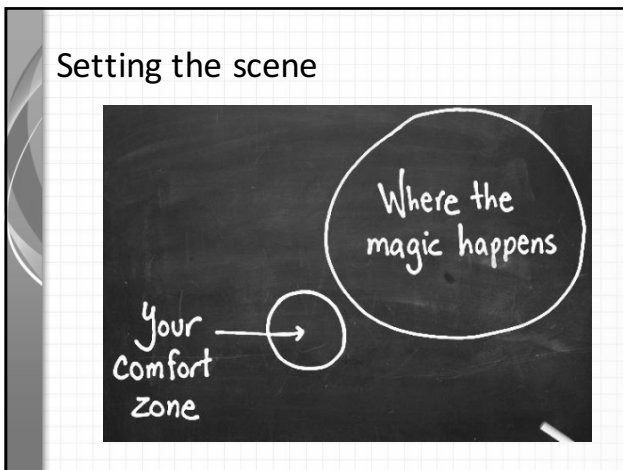
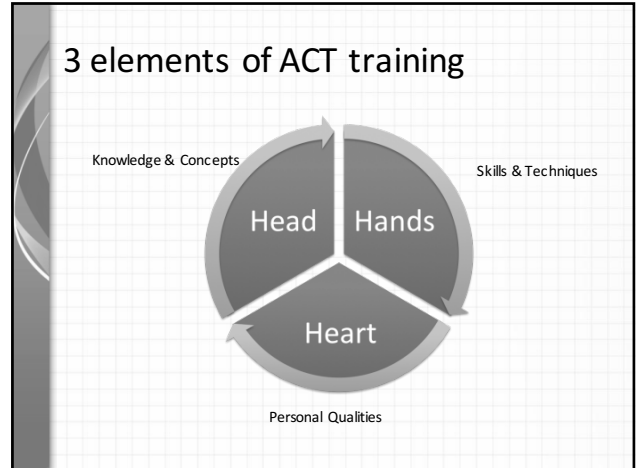
 THE UNIVERSITY of EDINBURGH Clinical Psychology  
School of Health in  
Social Science

**Learning ACT from the Inside Out**  
Skills building and experiential learning

David Gillanders & Helen Bolderston





## Beggining

- So lets just linger here a moment...

## The ACT Model

“ACT is a therapy approach that uses Acceptance & Mindfulness processes and Commitment and Behaviour Change processes to produce greater psychological flexibility”

*Hayes et. al., 2004*

“Psychological flexibility is the ability to contact the present moment more fully as a conscious human being and to either change behaviour or persist, when doing so serves valued ends”.

*Wilson & Murrell, 2005*

Expansive & growth oriented

Non-eliminative

Behaviourally defined

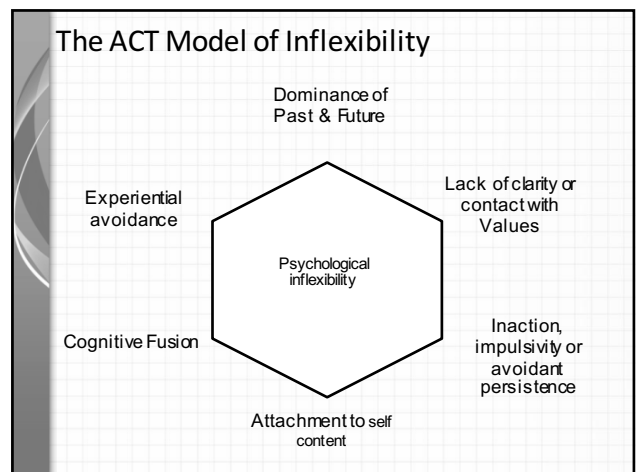
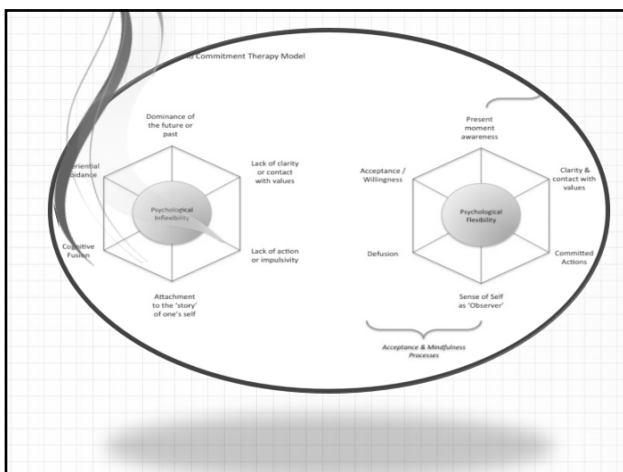
Not a 'mind model'

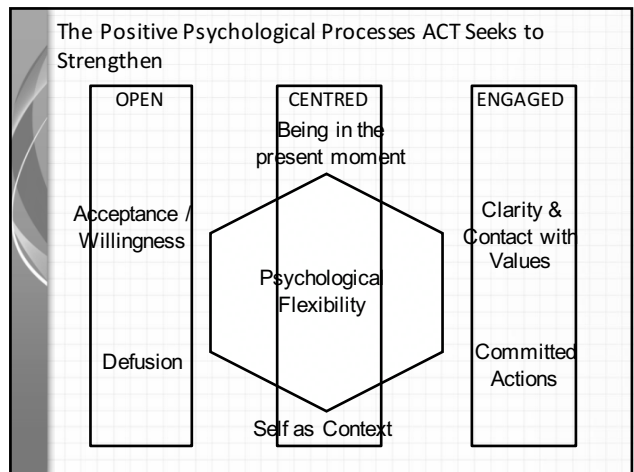
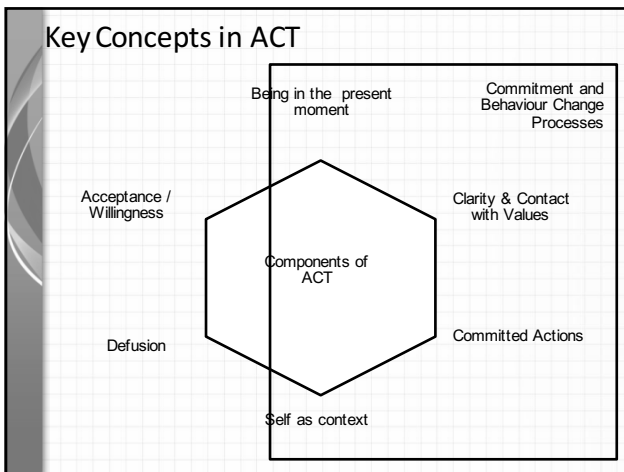
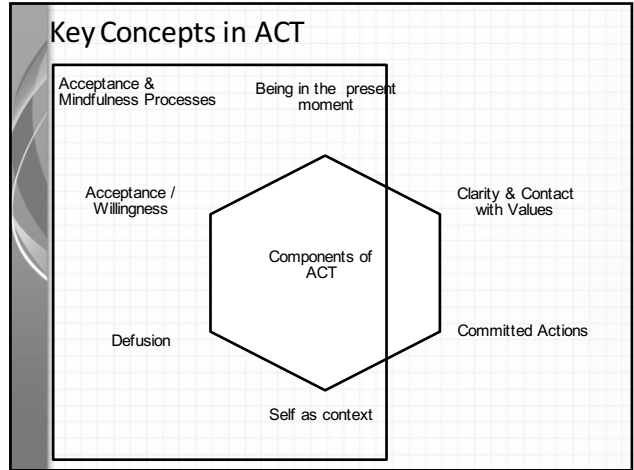
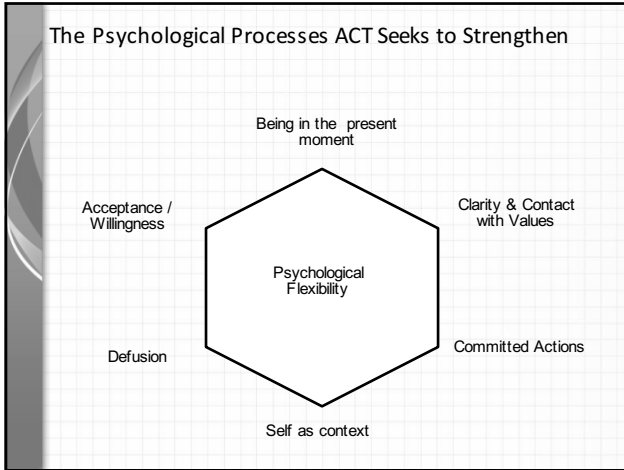
Specifies functional processes

What is it that is influencing our behaviour in any given moment?

Some basics

- Form and function
- What do we mean by context?





## Steps in Therapy

Assessment

Case Conceptualisation

Workability Analysis – 'Creative Hopelessness'

Suggesting an alternative – willingness

Why do that? – Values clarification & goal setting

Commitment to valued action

Ongoing working at flexible pursuit of valued living with less struggling via willingness, defusion, mindfulness.

## Assessment

- What is the client looking for help with?
- Describing the struggle
- Thoughts, beliefs, emotions, behaviours, social, historical
- **Emphasising** the experience of what happens and of how they are responding

## Functional analysis

- What is the struggle?
- What do they do in response?
- What is the consequence of that?
- How would they wish it to be different?

## Case Conceptualisation

- What are workable strategies?
- What are unworkable ones?
- Which of the 6 processes do we need to strengthen?
- You can use the hexaflex model to map out what drives the current strategies

### Case Example

- John - early 30's, graphic designer
- Chronic, severe irritable bowel syndrome, low mood, abdominal pain and discomfort
- Low motivation, sense of defeat
- Fears having a bowel accident in public, is very embarrassed and shamed
- Feels disbelieved, has tried many things to control IBS
- Has stopped socialising, changed his work to be more alone, stopped going out, stopped dating

### Case Example - Functional analysis

- What is John struggling with?
- What he does in response to the struggle?
- What are the consequences?
  - Short Term
  - Long Term?
- How workable are these strategies?

### The link between functional analysis and ACT

- What combination of the 6 processes underpin or drive these unworkable strategies?

Strategy	Processes
Looking for a cure	Avoidance
	Fusion with beliefs: 'there must be a cure'
Not socialising	avoiding judgements and shame avoiding accidents
	fusion with judgements about likelihood

### Workability Analysis

- Referred to as Creative Hopelessness
- Use metaphors:
  - The Sailing Boat
  - The Rigged Game
  - Maslow's Hammer
  - Who's using who?
 'If you always do what you've always done..'
- With heart for their struggle: validating

## Be explicit

- Name these behaviours as strategies
- Its the strategies that don't work
- You are not broken, you have done everything that is supposed to work
- What does that tell you?
- Our work is about finding different strategies

## Workability Analysis

- It might feel different
- That might be scary – would you be willing?
- Anticipating obstacles and old habits
- Concretise / physicalise the strategies
- Sticking with it when its needed

## Informed Consent

- This could be hard work, yet hard for a good reason.
- Client gets to choose willingness
- A word about talking versus doing:

Metaphor of learning an instrument

“The finger pointing at the moon is not the moon”

## Doing the work

- In each session you will be reviewing homework / progress / experience of last time
- Then doing left or right side moves according to what is needed
- In the service of the person's values

## Therapeutic Stance

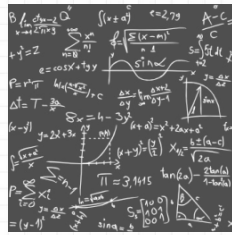
» Modes of mind during therapy (Kelly Wilson):

$2 + 4 =$

$5 - 3 =$

$111 \div 3.7 =$

$2 + 12 =$



## Therapeutic Stance

- How are you seeing your client:
- Maths problem or sunset?
- How are our clients perceiving themselves?



## Monitoring & Tracking

» Mindful, present moment, defused, flexible, engaged attention

» Helicoptering metaphor

## Helicoptering Metaphor

Theory & Formulation  
Own current state

Client's perspective  
Client's needs  
Client's flexibility





### Case Work Exercise

- » Stance of appreciation
- » Helicoptering
- » Functional analysis on the fly
- » Shaping responding

### Case Work Exercise

- » In same threes as before:
- » Client - experience your client
- » Therapist - try it out, be imperfect, ask for help
- » Coach – monitor, feedback, advise, coach
- » 25 minutes: focus on moving from assessment to workability

Acceptance and Commitment Therapy Case Formulation Template (version 2.2)

<p>What problems or issues is the client looking for help with?</p> <p>Mid 30's man, John, graphic designer, looking for help with IBS,</p> <p><i>Irritable bowel syndrome – pain, discomfort, bloating, constipation, diarrhoea, IBS related distress – anxious about having an accident Shame / embarrassment, feeling not taken seriously, not believed</i></p>														
<p>What internal experiences is the client struggling with as part of this problem or issue?</p>														
<p>Thoughts / Beliefs / Self Stories</p> <p><i>Why can't I get a cure? Nothing works I can't do anything I just want a normal life What if I have an accident? People don't take this seriously It's a 'women's' disease</i></p>				<p>Emotions</p> <p><i>Fear Shame Embarrassment Sadness Defeat Entrapment Frustration</i></p>			<p>Physiological sensations</p> <p><i>Bowel discomfort Pain Stress</i></p>			<p>Urges (if any)</p> <p><i>None</i></p>				
<p>What do they typically do (or have done in the past) when these difficult internal experiences come up?</p>														
<p>What they do</p>				<p>Actual consequences Short term</p>				<p>Actual consequences Long term</p>						
<p><i>Check the internet for IBS information</i></p>				<p><i>I'm trying, feels active</i></p>				<p><i>Defeated Confused</i></p>						
<p><i>Read IBS internet forums / Compare self to others</i></p>				<p><i>as above</i></p>				<p><i>as above</i></p>						
<p><i>Try medications / other remedies</i></p>				<p><i>Hope</i></p>				<p><i>Defeat</i></p>						
<p><i>Stop exercising</i></p>				<p><i>Relief</i></p>				<p><i>Fitness down, mood down</i></p>						
<p><i>Don't go out with friends</i></p>				<p><i>Less danger</i></p>				<p><i>Life is on hold</i></p>						
<p><i>Stop dating</i></p>				<p><i>Avoid it</i></p>				<p><i>Feel stuck</i></p>						
<p><i>Try and figure it out / analyse it</i></p>				<p><i>Feels active</i></p>				<p><i>Confusing / defeated</i></p>						
<p><i>Pushing self / being hard on self</i></p>				<p><i>Frustrating but getting active, not letting problems win</i></p>				<p><i>Defeated</i></p>						
<p><i>Taking a rigid / planned approach to exercise</i></p>				<p><i>Frustrating that cant plan</i></p>				<p><i>Stop exercising</i></p>						
<p>How flexible or inflexible is the person's behaviour and what ACT processes seem to be most prominent?</p>														
<p><b>CLOSED</b> (avoidant / fused)</p>		0	1	2	3	4	5	6	7	8	9	10	<p><b>OPEN</b> (willing / defused)</p>	
<p><b>HOOKED</b> (autopilot / dominated by stories)</p>		0	1	2	3	4	5	6	7	8	9	10	<p><b>CENTRED</b> (present / perspective taking)</p>	
<p><b>DISENGAGED</b> (inactive, defeated, not chosen)</p>		0	1	2	3	4	5	6	7	8	9	10	<p><b>ENGAGED</b> (acting on chosen values)</p>	

If this wasn't such a struggle for them, how would life be different, what could they do?	
Valued life area  <i>Relationship Friends Exercise / Health Creativity</i>	Possible goals / ideas  <i>Sign up to a dating site? Exercise more flexibly? Organise to meet a friend?</i>
How stuck or 'dug in' to control strategies is this person? How much will workability / creative hopelessness need to be emphasised?  <i>Very locked in to control strategies, will need to walk through that persistently. Some aspects suggest a broader pattern of inflexibility, e.g. "You have to be hard on your self to succeed", "You need to have a detailed plan and stick to it for exercising", "If you figure it out, think clearly you can overcome it"</i>  <i>These may have worked well in other parts of life and so are highly reinforced.</i>	
What aspects of this person's situation may undermine or support the work? (E.g. poverty, access to resources, unsupportive partner, harassing environment, supportive partner, stable upbringing, etc.)  <i>Educated, intelligent, has a good family history, a history of being active, financially independent, still in work, freelance, resourceful, determined / driven?</i>  <i>But</i>  <i>A bit lonely and isolated, slightly rigid in approach to things, prone to frustration and then defeat.</i>	
Plan for your first few therapy sessions (e.g. interventions, strategies, monitoring, likely pace, potential obstacles, memos to self, things to watch for etc.)  <i>Creative hopelessness, walking through consequences of strategies carefully and persistently, will use sailing boat metaphor, will need to be highly validating of him having done all the logical things, his 'mindyness' and his frustration for results may be obstacles.</i>  <i>He will be trying to figure out what therapy is about and will likely link it to a strategy of controlling IBS</i>	

Acceptance and Commitment Therapy Case Formulation Template (version 2.2)

What problems or issues is the client looking for help with?

What internal experiences is the client struggling with as part of this problem or issue?

Thoughts / Beliefs / Self Stories	Emotions	Physiological sensations	Urges (if any)
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What do they typically do (or have done in the past) when these difficult internal experiences come up?

What they do	Actual consequences Short term	Actual consequences Long term

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<b>CLOSED</b> (avoidant / fused)	0   1   2   3   4   5   6   7   8   9   10	<b>OPEN</b> (willing / defused)
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	WORKABILITY	OPEN	AWARE	ENGAGED
Model				
Instigate				
Reinforce				

Therapist Hooks / Other notes:

	WORKABILITY	OPEN	AWARE	ENGAGED
Model				
Instigate				
Reinforce				

Therapist Hooks / Other notes: