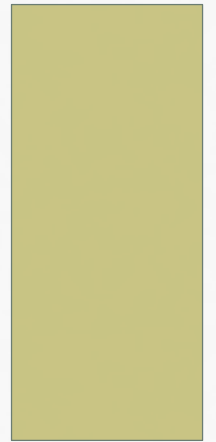


INTRODUCING & INTEGRATING
COGNITIVE DEFUSION
TECHNIQUES
IN THERAPY

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- How many of you have at least some difficulty introducing defusion techniques into therapy in a way that's seamless and not 'overly odd'?
- How many of you have at least some difficulty describing the rationale behind why you are using defusion techniques?

COGNITIVE DEFUSION

- **Purpose:** See thoughts as what they are, not as what they say they are.
- **Method:** Change the way the client experiences language/her own thoughts to disrupt language's ability to change experience in problematic ways.
- **Why use?:** When thoughts are functioning as barriers to effective movement toward personally meaningful values and goals:
 - To facilitate acceptance
 - To help client 'unhook' from unhelpful verbal rules

DEFUSION: RATIONALE

- Defusion strategies ‘break the rules’ of language as usual to:
 - Disrupt its ability to change your experience
 - Help undercut reliance on language as the final arbiter of “Truth”.

WHAT ARE THE RULES OF LANGUAGE AS USUAL?

- Think of all the conditions virtually always present when language is being spoken with meaning and listened to with understanding:
 - Parameters exist around how sentences are structured and how words are used.
 - ✓ Certain words refer to certain things.
 - ✓ Certain minimal grammatical units must be used.

WHAT ARE THE RULES OF LANGUAGE AS USUAL?

- Parameters exist around how quickly words can be spoken & how frequently a word can be repeated.
- Tone of voice/style of speech must reasonably match content in order for words to function as expected.

WHAT ARE THE RULES OF LANGUAGE AS USUAL?

Parameters exist around what is attended to when thinking or speaking:

- ✓ You attend to the *content* of what's being thought or spoken about rather than the *process* of thinking, hearing, or speaking
- ✓ Once you focus on the process of thinking or speaking, you lose the flow—you begin to focus on the fact that words or thoughts are being formed, rather than on the content of what is being formed.

DEFUSION TECHNIQUES

- ✓ “The Mind”: Treat “the mind” as an external event; almost as a separate person.
- ✓ Mental appreciation: Thank your mind; show aesthetic appreciation for its products.
- ✓ “I’m having the thought that ...”: Might include category labels in descriptions/evaluations of private events.

DEFUSION TECHNIQUES

- ✓ Word repetition (e.g., 'milk' exercise)
- ✓ Speaking very slowly
 - Even disrupting cadence of speech
- ✓ Description vs. evaluation
- ✓ Singing thought/speaking thought in odd voice

DEFUSION TECHNIQUES (OR ARE THEY SELF AS CONTEXT?!)

- ✓ Just noticing: Use the language of observation (e.g., noticing) when talking about thoughts.
- ✓ “Buying” thoughts: Use active language to distinguish thoughts and beliefs.
- ✓ Carry your keys: Assign difficult thoughts and experiences to the clients keys. Ask the client to think the thought as a thought each time the keys are handled, and then carry them from there

DEFUSION TECHNIQUES (OR ARE THEY SELF AS CONTEXT?!)

- ✓ Writing thoughts/emotions on paper
- ✓ Put them out there: Sit next to the client and put each thought and experience out in front of you both as an object.
- ✓ Open mindfulness: Watching thoughts as external objects.
- ✓ Focused mindfulness: Direct attention to nonliteral dimensions of experience.

BUILDING A CONTEXT OF DEFUSION

- Often not a matter of ‘targeting a particular thought for defusion’.
- Repeatedly creating a context in therapy where thoughts are viewed from a different perspective in different ways
 - Seeding in ‘mind’ and ‘thought’ talk regularly, session by session
 - Catching times when client is fused with unhelpful/distressing thoughts, and using one of many defusion techniques

DEFUSION: RISKS

- Invalidating the client
 - Light use (like what we'll practice in a minute) doesn't tend to do this.
 - Make sure the client knows you get it and you care before moving into heavier use/more 'invasive' techniques
- Freaking out the client
 - Setting up the general notion that language is fraudulent can be awkward
 - The first two techniques we practice will hopefully help with this
 - If done clumsily, can come off as 'weird' (in a non-therapeutic way)

DEFUSION EXERCISE 1

- [Precede with Cognitive Defusion—Beginning Defusion—5:50->]
- Look for examples of therapist using “mind” and “thought” talk.

DEFUSION EXERCISE 1

- Break into pairs
- Roleplay therapist and client.
- Therapist makes consistent use of simple “thought”/”mind” defusion statements like.....”You’re having a lot of thoughts about.....”, “What other thoughts are showing up?”, “What else is your mind saying about.....?”, “you’re having the thought that.....”.
- Be mindful of infusing sufficient empathy into the interaction.
- We’ll roleplay for 5 minutes, then break and discuss as pairs, then as a group. Then, you’ll switch roles and repeat.

USING THE CLIENT'S DISCLOSURES AS AN 'IN' FOR USING DEFUSION

- Example
- Prompting the client to recall a time when he/she believed something and later found out it wasn't true:
 - “Can you remember a time when you were anxious or afraid, and had some pretty convincing thoughts about bad things that were going to happen to you....and then those thoughts turned out not to be true?”
 - “Yeah.....Minds are good at throwing thoughts like that at us. So good that sometimes those thoughts fly under the radar and we never suspect we've been taken for a ride. I wonder.....do you think it's possible some of the thoughts you're having now could be like that?”

DEFUSION EXERCISE 2

- Demonstrate Description-Evaluation technique—roleplay with volunteer “anxious client”.
- Break into pairs and practice technique (10 minutes)—discuss as pair, discuss as group, switch roles and repeat.

DESCRIPTION-EVALUATION TECHNIQUE TIPS

1. Best to 'seed in' technique to an emotion and related thoughts the client is currently struggling with.
2. After you've conveyed appropriate empathy, you can introduce the technique by saying something like, "I'd like to see if we can look at this [situation or emotion] from a little different perspective, just to see what happens. Very understandably, you have a lot of thoughts that pop up when you feel [anxious], and a lot of those thoughts look like negative evaluations of you, like [insert a couple of client's negative self-evaluations here]. And, if you're willing, I'd like to talk a bit about how evaluations like that work, so that maybe you can experience your [anxiety] a little bit differently than you usually do. Are you willing to give it a shot?"

DESCRIPTION-EVALUATION TECHNIQUE TIPS

3. “So, there are basically two types of thoughts—descriptive ones and evaluative ones. Descriptive thoughts refer to things that you can sense directly with one of your five senses—so if it’s a word that refers to something you can see, touch, hear, smell, or taste, it’s a description. We’ll apply this stuff to your anxiety in a few minutes, but let’s practice identifying descriptions and evaluations with something less emotional first. So, give me some descriptions of this [table, desk, etc.]” [let client offer descriptions—offer a few others yourself if she/he has a hard time]

DESCRIPTION-EVALUATION TECHNIQUE TIPS

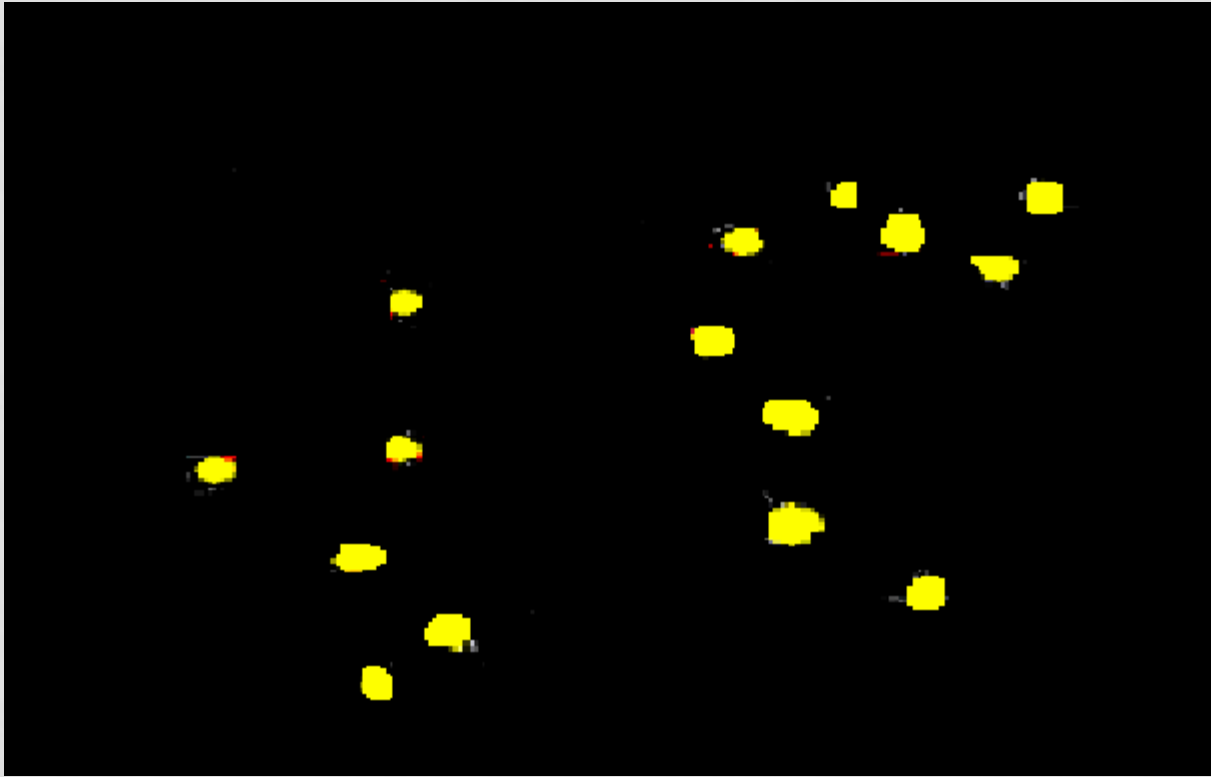
4. “Now, this is kind of a weird question, but bear with me. These things we just described [e.g., wood, rectangular, brown, hard, etc.], are they part of the [table], built in to the [table], or something that our minds add to the table? [If client doesn’t get the question, try asking something like, “Are these things we just described [wood, rectangular, etc.] actual physical properties of the [table], or something our minds add to the table?”] Client will most likely get it at this point, to which you can reply with something like, “See, you can get your hands around a description [grab table]. Descriptions are solid [bang table with hand]. You know they’re there because they’re solid.”

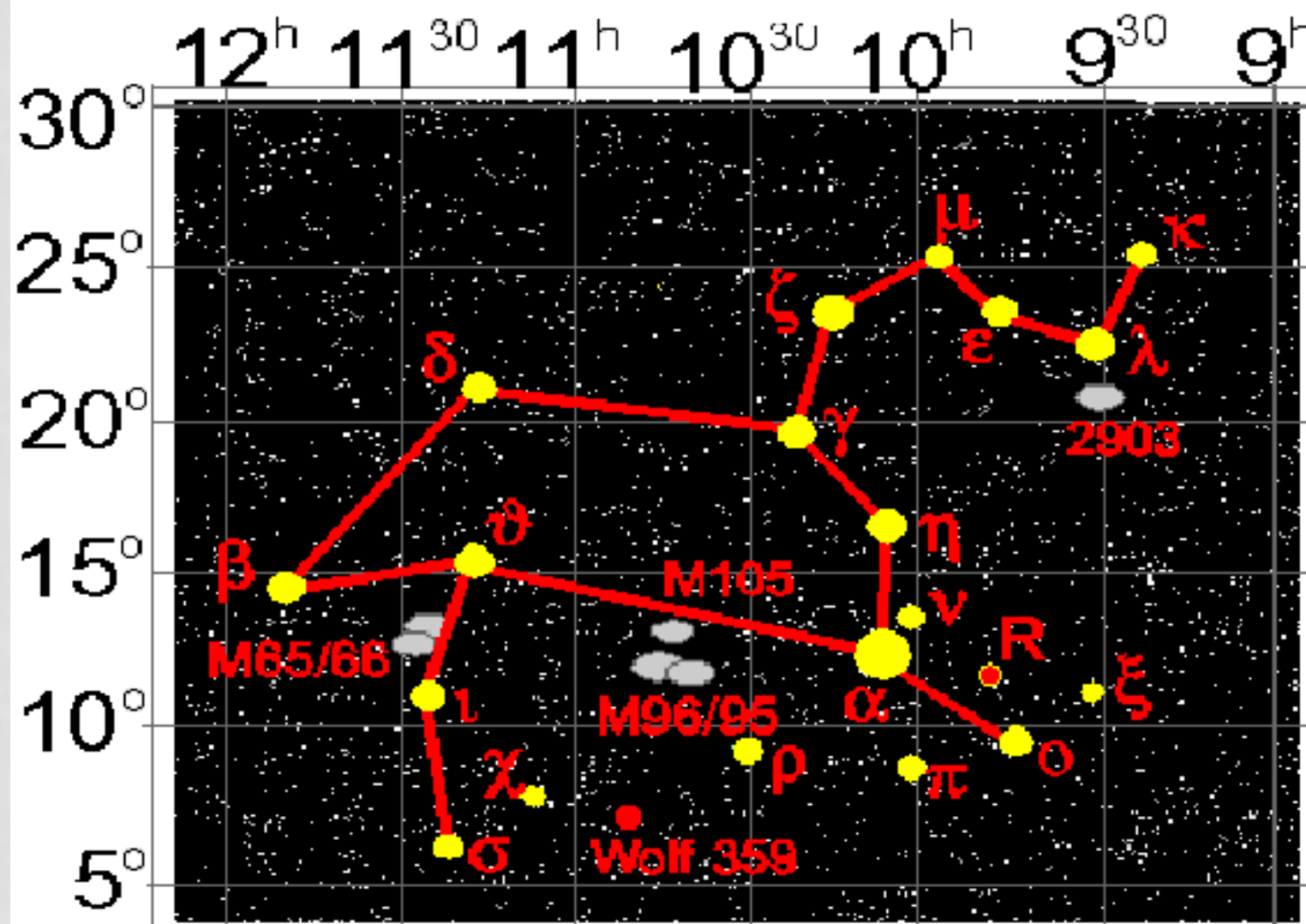
DESCRIPTION-EVALUATION TECHNIQUE TIPS

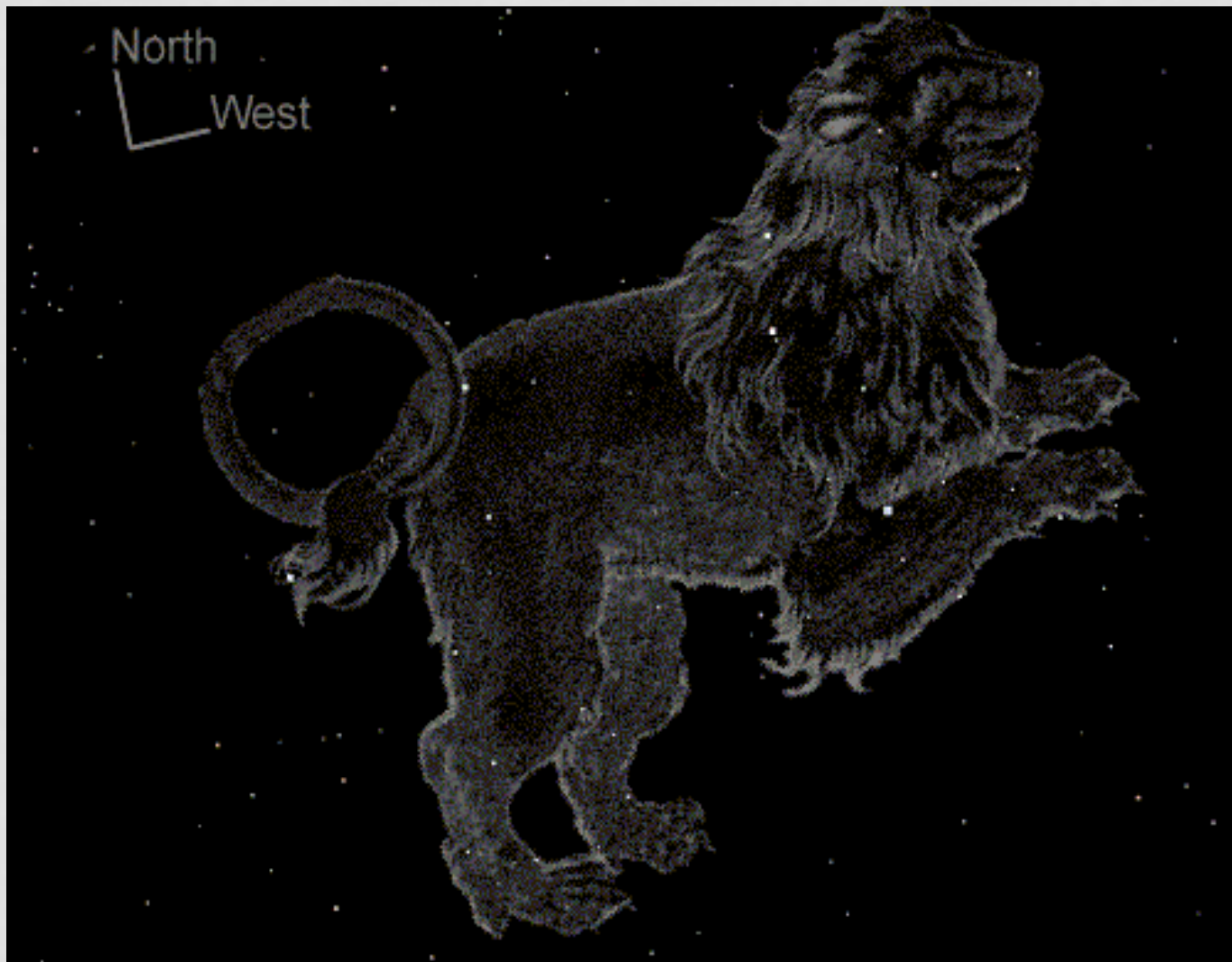
5. “Now let’s talk about evaluative thoughts. Evaluations are any we can talk about something that isn’t a description. So, give me some evaluations of this [table]. [If client doesn’t get it yet, say something like, “For example, this is a ‘pretty’ table. What are some other ways you could evaluate it?”]
6. “And let me ask the same question I asked about descriptive thoughts. Are these evaluations part of the [table], or something your mind adds to it? Are they actual physical properties of the [table], or something our minds add to it?” Client will typically get it at this point, to which you might respond, “Can you grab onto an evaluation in the same way as you can grab onto a description? Are they solid, tangible [bang table]—or is there something fishy, loose, about [ugly, pretty, useless, etc.]?”

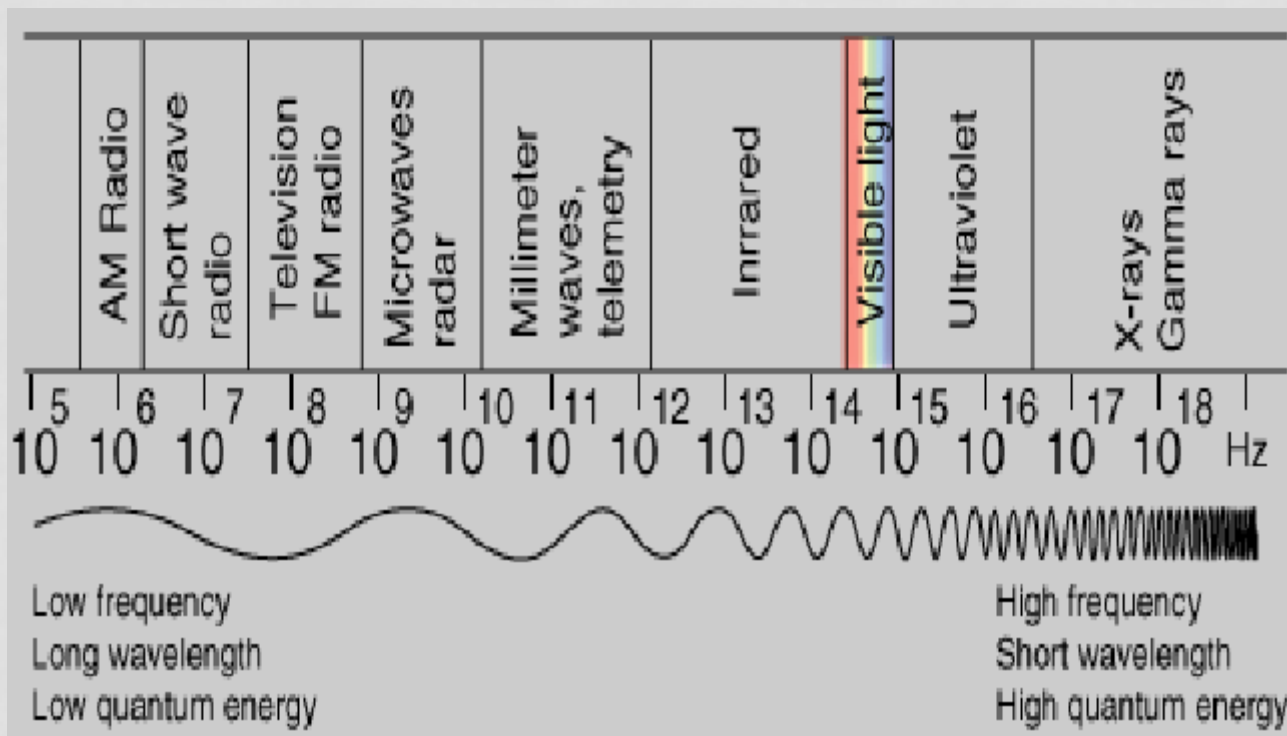
DESCRIPTION-EVALUATION TECHNIQUE TIPS

7. “So now, let’s talk about your anxiety and the thoughts that come with from this perspective. What are some physical descriptions of what your body feels like when you’re anxious? [detail them & write them down; repeat variation of #4]. Now, how does your mind evaluate you for having that anxiety and being pushed around by it? [e.g., “Because you have that anxiety, what kind of a person does that “make you”.] [detail & write down evaluations, and repeat variation of #6].









DEFUSION EXERCISE 3

- ACT in Action—Mindfulness, self, etc.—1:07:30
- Slowing down.....changing cadence of speech
- Pair up
- Client discusses emotionally-charged issue (e.g., recounts distressing event that links back to central focus in therapy) in a somewhat rapid manner.
- Therapist jumps in as above.
- 10 minutes, discuss as pair, then discuss as group.

DEFUSION EXERCISE 4

- Spotting client fusion/defusion:
 - Cognitive Defusion-Additional Defusion Techniques—
1:10:38-1:16:00
- Get into small groups
- Stop disc when client fused/not fused with difficult thoughts
 - Discuss verbal/nonverbal signs of each
- Each member of group generates a *different* defusion technique to address that thought.
 - Discuss as small group after each person's turn?

DEFUSION EXERCISE 5

- Learning ACT—Cognitive Defusion—17:50-
- Get into small groups
- Stop disc when client fused/not fused with difficult thoughts
 - Discuss verbal/nonverbal signs of each
- Each member of group generates a *different* defusion technique to address that thought.
 - Discuss as small group after each person's turn?

RESOURCES

- Blackledge, J. T. (2007). Disrupting verbal processes: Cognitive defusion in Acceptance and Commitment Therapy and other mindfulness-based psychotherapies. *The Psychological Record, 57(4), 555-576.*
- Blackledge, J. T. (2015). *Cognitive defusion in practice.* (Oakland, CA: New Harbinger Press).
- Blackledge, J. T. (2018). Cognitive defusion. In S. Hayes & S. Hoffman (Eds.), *Core competencies of behavioral and cognitive therapies.* Oakland, CA: New Harbinger Press.