

Common sense approach for supercharging your therapies

ACT & FAP FOR DUMMIES

- Get both ACT & FAP through the matrix!
- Help your clients get unstuck and move forward!
- Share the matrix model with your clients!
- Use both intrapersonal and interpersonal processes!

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(apologies to the 'for Dummies' series)

Practice for the Rest of Us!

ACBS Annual World Conference VIII
Reno, Nevada

Integrating ACT & FAP with the Matrix

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(with thanks to Kevin Polk PhD & Marie-France Bolduc)

ACBS World Conference 8 Reno, NV, June 24 2010
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References:

- ✓ Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An Acceptance & Commitment Therapy Skills-Training Manual for Therapists*. Oakland, CA: New Harbinger & Reno, NV: Context Press.
- ✓ Harris, R. (2009) *ACT made Simple*, Oakland, CA: New Harbinger
- ✓ Tsai, M., Kohlenberg, R. J., Kanter, J. W., Follette, W. C., Callaghan, G.M. (2008). *A guide to Functional-Analytic Psychotherapy: Awareness, courage, love and behaviorism*, New York, Springer 2009.
- ✓ Schoendorff, B. (2009) *Faire face à la souffrance: choisir la vie plutôt que la lutte avec la Thérapie d'Acceptation et d'Engagement*.

Structure of workshop

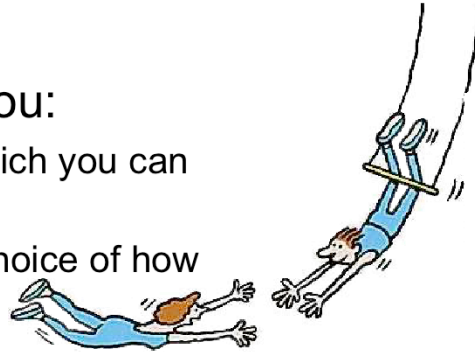


Your expectations

My commitments to you:

Foster an atmosphere in which you can
safely explore and share

Leave you at all times the choice of how
much you are ready to
participate and share



My hope : to show you that




Combining ACT and FAP is fun and easy
with the Matrix

Matrix can act as GPS for your ACT

Clients and therapists get to interact better

Intuitive and collaborative tool of functional
analysis

Helps tacting what's going on
in real time



Workshop will give flavor, some things I will quickly brush upon I want to give you a flavor experientially, through videos and hopefully it won't be too little of too much

NB functional analysis is both of client and therapist behavior

Combining ACT & FAP



- Clinical Behavior Analysis
- Goal of flexible repertoire
- Use of contingent responding & derived relational responding (DRR/RFT)
- Cultivating awareness, here & now
- Interpersonal & intrapersonal scope
- Modification of public behavior

(Hayes, Strohsal & Wilson 99, Kohlenberg & Tsai, 1991, Tsai et al. 2008, Callaghan et al. 2003, Kohlenberg & Callaghan in press)

Both ACT and FAP stem from Behavior Analysis and aim to bring the principles of learning theory, in particular operant learning stemming from the work of B.F. Skinner, to broad clinical populations. Both ACT and FAP are based in a philosophical viewpoint that is known as functional contextualism, for which actions are best understood in the context in which they take place and best analyzed in terms of their functional relations, that is to say the consequences they have in particular contexts.


Both treatments have similar goals: ACT speaks of psychological flexibility, which means the ability to respond in line with one's values in the face of aversive environments and experiences. For its part FAP aims to broaden client repertoire in the face of aversive environments and experience.

Both treatments use Behavior Analytic tools. That is functional analysis and contingent responding, with ACT adding the power of Derived Relational Responding, a process posited by Relational Frame Theory (aka RFT) which extends operant learning theory to the domain of complex cognitive processes. Both ACT & FAP place heavy emphasis on the cultivation of awareness of the full breadth of experience here and now - for both clients and therapists.

ACT is more focused (though not exclusively) on intrapersonal processes, ie. one's relationship with one's inner content (thoughts, emotions, bodily sensations and memories). FAP is more focused (though not exclusively) on interpersonal processes, ie. one's relationship with other people as it unfolds in the here and now of the therapeutic relationship. This means ACT & FAP can be seamlessly combined into a powerful treatment that covers the full range of client's intrapersonal and interpersonal relationships.

Finally both treatments are behavior therapies and share the ultimate goal of allowing clients to change their behavior through their actions in the world. ACT and FAP are a natural fit for each other. Where ACT is aimed at getting unstuck from the inner struggle, FAP is a powerful interpersonal therapy that has been shown to enhance Cognitive Therapy (Kohlenberg & al. 2002). Many ACT therapists are using FAP tools in their practice: *If you are doing ACT and not doing FAP, you are not doing ACT* (K. Wilson quoted by Zettle 2007)

Exercise



1. The ways I can stand in my way

- ✓ during workshops
- ✓ as a therapist

2. My behavioral commitments

- ✓ for this workshop

3. my fears

4. what the therapist I want to be would do...

Notice what you do between now and the break

Both ACT & FAP are complex et comprehensive treatments that I believe can supercharge therapy et get both clients et therapists unstuck et forward.

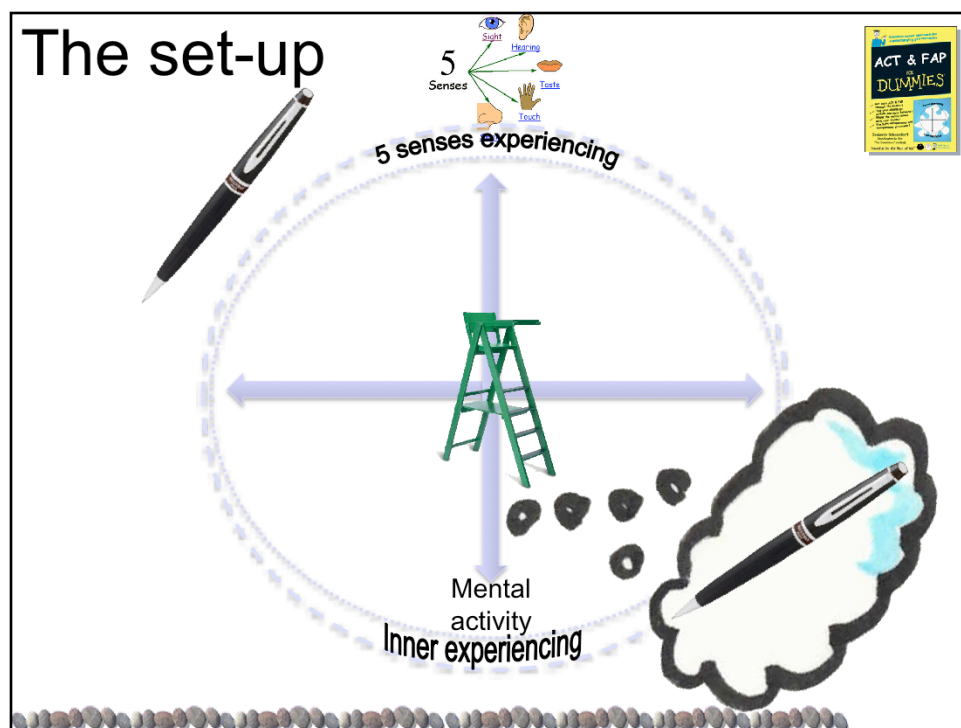
In my early time with ACT, I had a tendency to be too 'intellectual' with it et that got me stuck, often around issues of relationship with the client. Learning to use FAP which is a relationship centered treatment greatly helped me get unstuck et move forward.

The goal of ACT is to get unstuck et move forward with less struggle in life.

On the face of it, both ACT et FAP can appear somewhat complex treatments. I believe they are easy, flexible et at heart pretty simple treatments et the aim of my talk will be to show just how simple et direct they can be et help clinicians move forward with ACT et FAP.

ACT et FAP are a natural fit for each other. Where ACT is aimed at getting unstuck from the inner struggle, FAP is a powerful interpersonal therapy that has been shown to enhance Cognitive Therapy (Kohlenberg & al. 2002). Many ACT therapists are using FAP tools in their practice: *If you are doing ACT et not doing FAP, you are not doing ACT* (K. Wilson quoted by Zettle 2007)

I aim to present a simplified model which can be used with clients as a way to walk them through the essentials of both treatments, something of an algorithm from which they can start deriving their own applications et generalize to increasingly



NB: The matrix model I will present today is really the brain-child of the ACT-simplifying efforts of Kevin Polk PhD. Jerold Hambricht, PhD, Mark Webster and Marie-France Bolduc have also played a large part in developing and road-testing this model. I'm responsible for any and all errors and confusions in this presentation.

We start with a vertical line, above this line we have five senses experiencing and at the bottom there is mental activity, also known as thinking, the thing we do with language and inner experiencing, how it feels to live what we're experiencing.

There are a lot of theories as to how humans move from 5 senses experiencing to thinking. ACT is based on Relational Frame Theory (RFT) a novel account of how this happens.

When you were born, you were mostly doing 5-senses experiencing, not much mental stuff. Over time, as you interacted with people who talked to you, you learned to do more and more of the mental activity. This you did as you learned to respond appropriately to people language at you. Until you became so good at it that your mental activity became this automatic running commentary, this a private talk that is nearly constantly ongoing - though I understand some highly trained Buddhist monks are able to slow it down, or even stop it for minutes at a time.

RFT explains how that move from 5-senses and inner experiencing to mental activity works and provides a novel account of some very interesting properties of this languaging activity, both from the point of view of psychopathology and of therapy.

Exercise to set up the therapeutic context: the pen

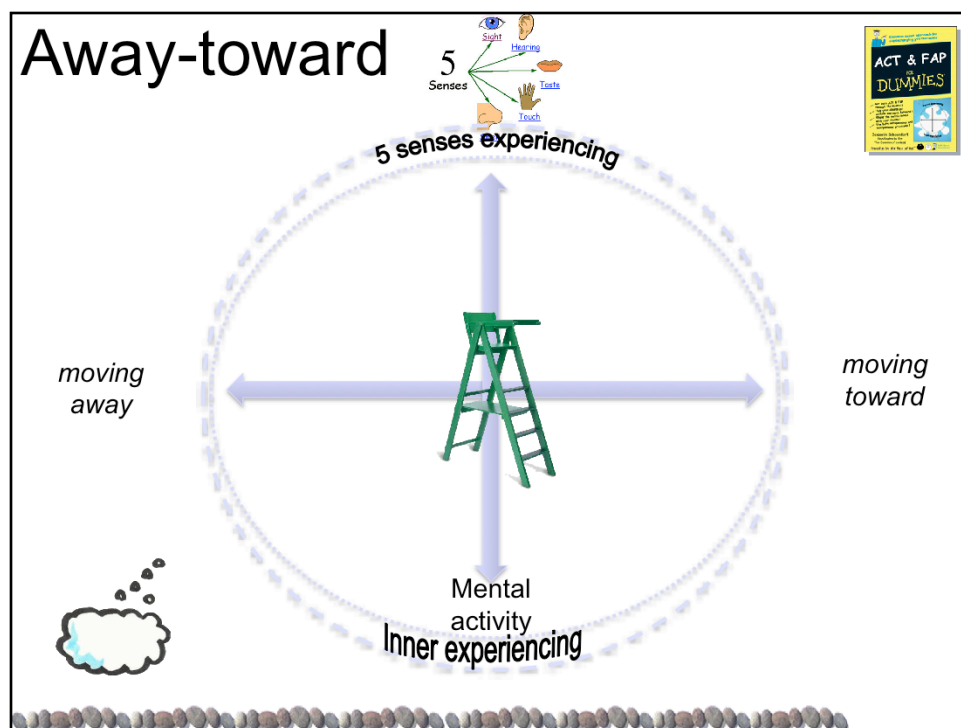
Ask your client to take a pen in their hands and guide them through a full sensory experience of the pen: visual, tactile, auditory, olfactory and, depending on their level of intimacy with the pen, gustatory. Then simply ask them to put the pen down, close their eyes and rerun the experience through mental activity. Once that is done, simply ask if they noticed a difference between 5-senses and mental experiencing? Then ask who notice that difference.

Finally, note that in addition to the stories about pens that our mental activity provides, there is our inner experience of these stories.

You are already well on you way to training discriminations – a big part of both ACT and FAP! In this case we have trained discrimination between pens and stories about pens, as well as the ability to recognise who notices the difference.

These two discriminations are central to the work. The first is the ability to differentiate between experience and the content of experience, which we'll call D1, the second is the ability to contact a sense of self that is distinct from both experience and content, a.k.a. in ACT, 'self-as-context', which we'll call D3. The observer self is a bit like sitting on an umpire's chair to observe everything that unfolds on the playground of experience.

Debugging the pen exercise. If clients do not see a difference, ask them to write their name on paper with the pen paying attention to 5-sense experience, then ask them to do the same through mental activity and ask how many times their name is written on the paper. If they still can't make the difference, suggest they experience licking the sole of their shoe through mental experience, then... This last generally works!



The pen exercise had to do with the different ways we can experience the world, through our five senses or through our mental activity.

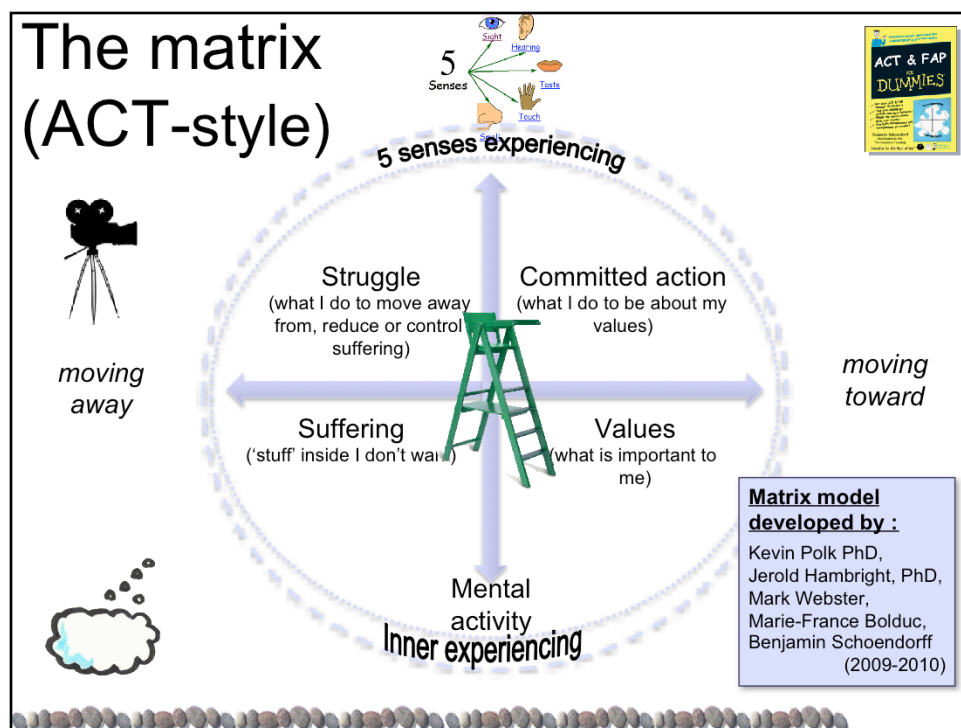
However just as important is what we do once we've perceived and experienced things. And what we can do, from the point of view of our model, is either move away or move toward, and that's something we do with our actions, with our whole body.

A note on models. At that point, I'm always careful to say that this is just a way of looking at how things work. Certainly not the only way, nor does it pretend to be the one true way or truer than other ways. It's just a way we've chosen to look at things, because it will allow us to move toward our goal of moving forward with less struggle.

Exercise to finish setting up the therapeutic context :

- *"Can you recall moving, with your whole body, toward something that's important?"*
- *"Can you recall moving away from something you don't like?"*
- *"Who noticed the difference?"*

We've now established another central discrimination (which we'll call D2). D2 is the ability to discriminate between moving away and moving toward. Here again, the ability to operate this discrimination is linked to the ability to take D3, the observer perspective, to observe from our umpire chair above one's matrix.



Rounding off the Set-Up

We are now in a position fill in the inside of our matrix.

The top part is all the behavior that can be observed publicly, say with a video camera. And the bottom part all the private behaviors which BF Skinner's described as, *that small part of the universe that is enclosed within each and everyone of us* (1974). This we have figured here by a thought cloud.

Example:

Down there is our mental activity. And to the left is the stuff inside, thoughts, emotions, images, sensations, memories, we don't want, we want to move away from. Up there on the left are the ways we struggle we this stuff we don't want. The solutions and strategies we try to get rid of it. Down to the right we have the mental activity about what's important to us, what we'd like to move toward. And above that, we have committed action, the things we do to be about what's important to us.

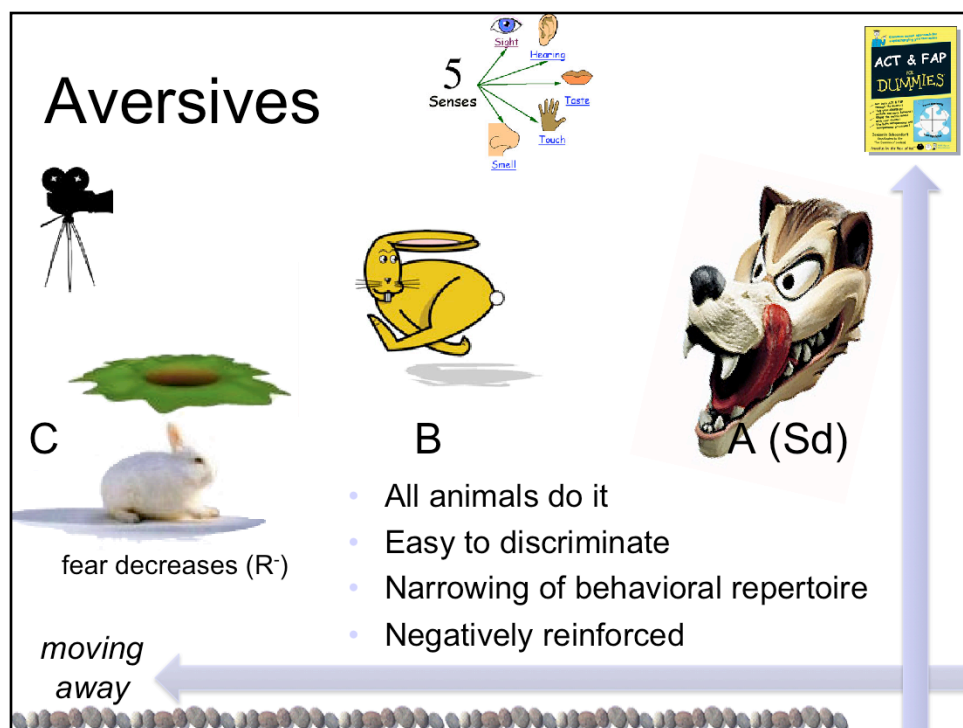
First session

This set up is usually done in the second session, the first session having been used to establish rapport and to connect with client's suffering. The first session is also an opportunity to make the struggle more salient and to start paving the way for an alternative, for example by using the surf board metaphor.

Surf-board metaphor:

"Hearing you talk I get a sense that you've been struggling to hold back these waves of suffering (emotion, thoughts, memories) that threaten to submerge and drown you - until you're so exhausted that they just wash you away and the undertow pulls you wherever and you lose control of your life. What if there was an alternative to holding back the waves or being washed away, something like learning to surf? But you see learning to surf can only be done by doing, not by talking or by sticking an instructions manual onto the surf board. First you learn how to get up on the board on the beach (though your mind will tell you that doesn't help with big waves), then you gradually go out to sea in increasingly bigger waves. And what happens? You fall, because as in walking, falling is part of learning to surf."

I have a white board with a matrix permanently drawn and I will play around with magic markers in my therapy work. A number of my colleagues do the same with pen and paper.



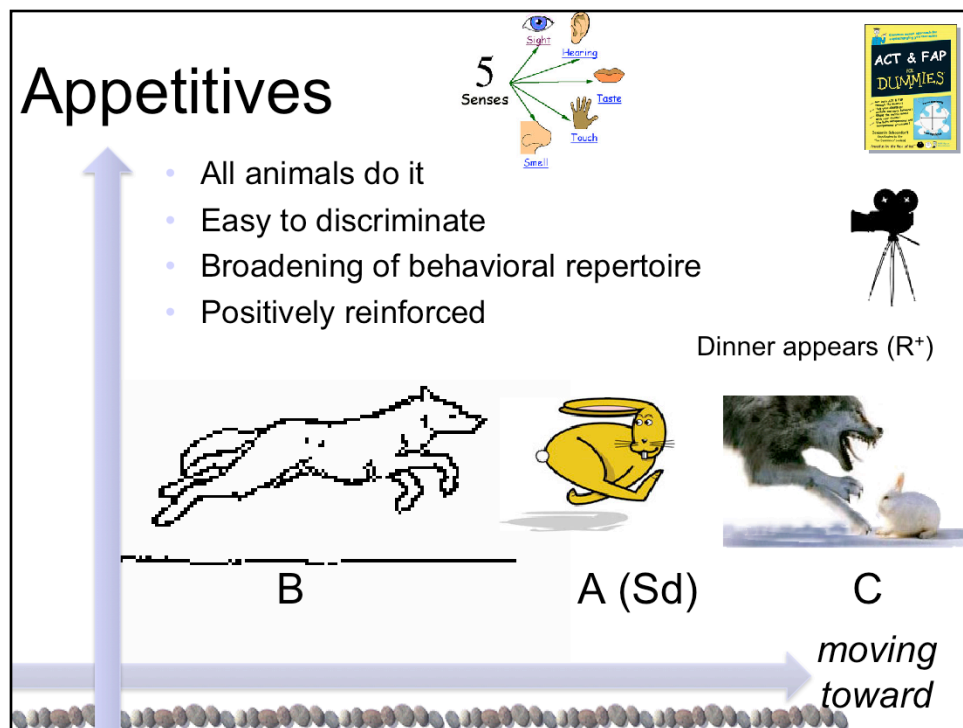
Note that the discrimination of aversive is primarily sensory.

Moving away from aversive is repertoire narrowing, a sort of tunnel vision where there is only flight or sometimes fight.

It's essential for organisms to discriminate properly which conditions in the environment, also known as discriminative stimuli (Sds) occasion which type of reinforcement for behavior. In this case, we have negative reinforcement, where a stimulus is subtracted from the environment as a result of flight behavior.

This is technically known as stimulus control, in this case the bunny rabbit is under aversive stimulus control, and thankfully well able to discriminate which stimulus to move away from.

We humans also tend to go for the hidey hole. In our societies where immediate danger from predators is not so common, the stuff we run away from is often 'inside' stuff such as thoughts, emotions, memories or bodily sensations. In any case, the same functions of repertoire narrowing and negative reinforcement apply. But you could say stimulus control is defective.

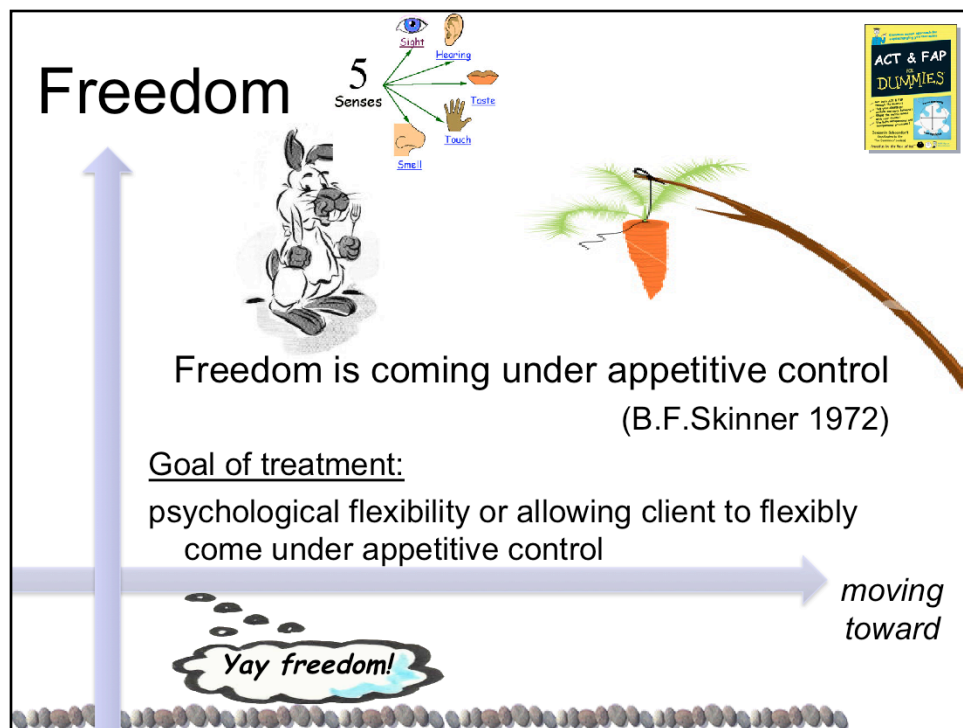


Note that the discrimination of appetitive is primarily sensory.

When moving toward appetitive, the repertoire is broader and more flexible, thus more likely to lead to the addition of an appetitive stimulus, that is positive reinforcement.

This is also stimulus control, in this case the wolf is under appetitive stimulus control, and hopefully able to discriminate when running after the bunny rabbit will be reinforced.

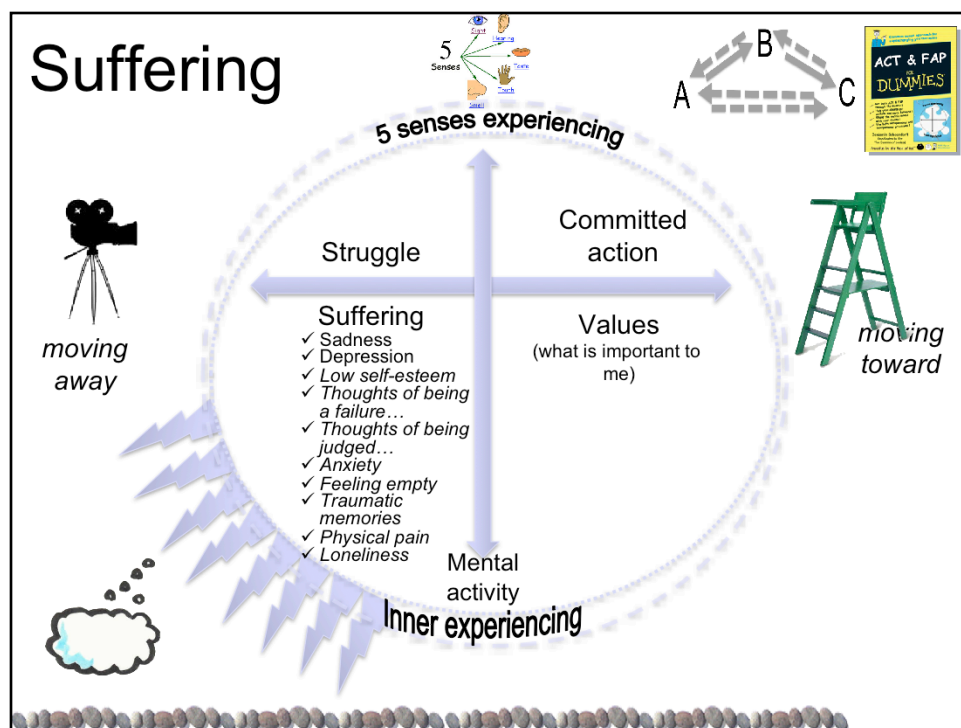
The stuff that is appetitive to us humans is often also 'inside' stuff which we'll call values. The same functions of repertoire broadening and positive reinforcement apply.



On the behavioral view, all behavior is determined by the environment, broadly understood. This is also referred to as contextual control. And it is by changing the context that we can change behavior.

The choice is whether to operate under aversive or appetitive control.

ACT and FAP are concerned with freedom as coming under appetitive control. That's why they're often referred to as a humanistic therapies that serve to increase client freedom, and that is absolutely the case.



Once we get up on our umpire's chair? First we notice suffering.

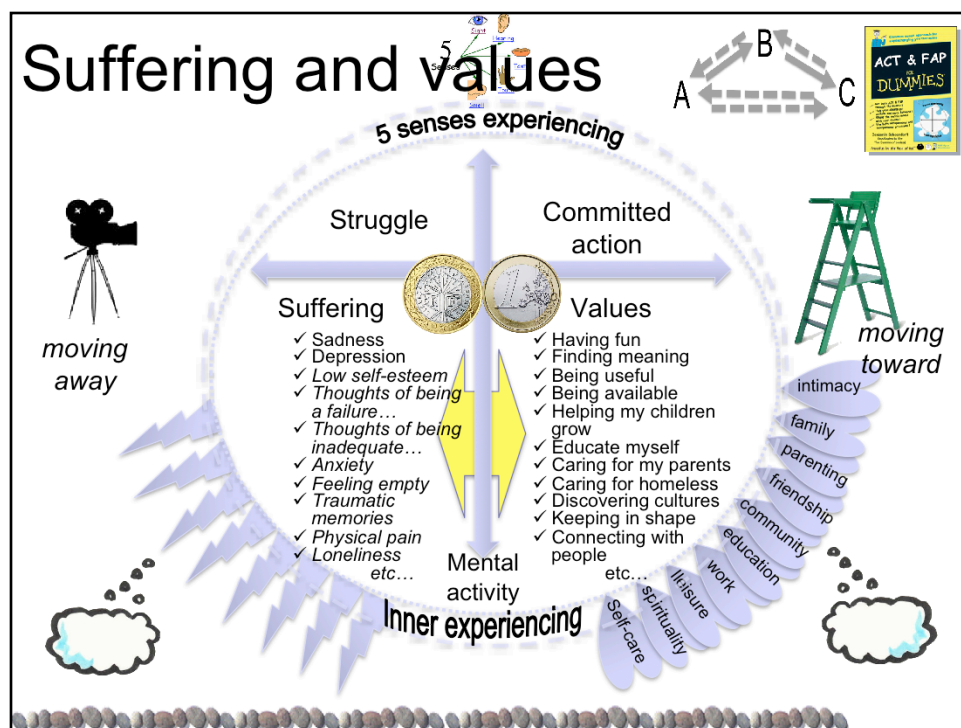
Suffering is all the stuff inside we don't like. And it makes like spikes that stick out and stop us from having the sweet life we crave.

How does 'stuff inside' become suffering? (a word on Relational Frame Theory).

- **transformation of stimulus functions through relational framing.** Relational Frame Theory provides an operant account of how psychological functions of stimuli are transformed through the behavior of relating stimuli through networks, so-called relational frames. That behavior is also known as language or intelligence.
- **A word about the word function.** Function is perhaps the most central term in behaviorism. It sometimes feels obscure, but really it means consequence. The function of meat is to make a dog salivate. A bell has at first no psychological function for a dog. The function of pressing a lever is to make a food pellet appear for the rat in the Skinner box.
- **With human language, functions are transformed through increasingly complex networks** that can relate stimuli with similar or opposite stimuli or through frames of comparison, temporality, etc. With animal learning, whether Pavlovian or operant, relations are unidirectional. The bell must ring before the meat is presented or the green light come on before the lever is pressed. If they come after, the functions will not transfer, and the lever-pressing behavior not be maintained. In humans it is bidirectional, stimuli presented in any temporal order can see their functions transformed, allowing these networks to become very complex and to make present psychological functions of absent stimuli. Very useful for building models in the mind of things to build outside, but this can be problematic when aversive functions are transformed regarding inner stimuli.
- **New relations are constantly derived** and this can result in a sense of calm inducing panic in your clients because calm is in a frame of opposition with panic and activating one can pull the other and its psychological functions. This is known as **Derived Relational Responding (DRR)**.
- **The mind can be thought of as the behavior of constantly relating and deriving relations**: comparing, judging, categorizing, combining, refuting, confirming, etc... And this is how inner experience comes to be classified as something to be moving away from.

If you want to know more about RFT, you can download the excellent talks by JT Blackledge on EBP.

- **The matrix is a wonderful tool to prime DRR** in our clients and ourselves. Through it new relations are constantly derived that will make moving forward intuitive and fun. Once set up, the deriving fun can begin!



Next, across the matrix from suffering, we find **values**, the stuff that is important.

Typically most of us have a number of life domains which we value in our individual ways. These are the hearts of what is dear and important to us in this life, they form the stuff which we would move toward through our actions if we could freely choose.

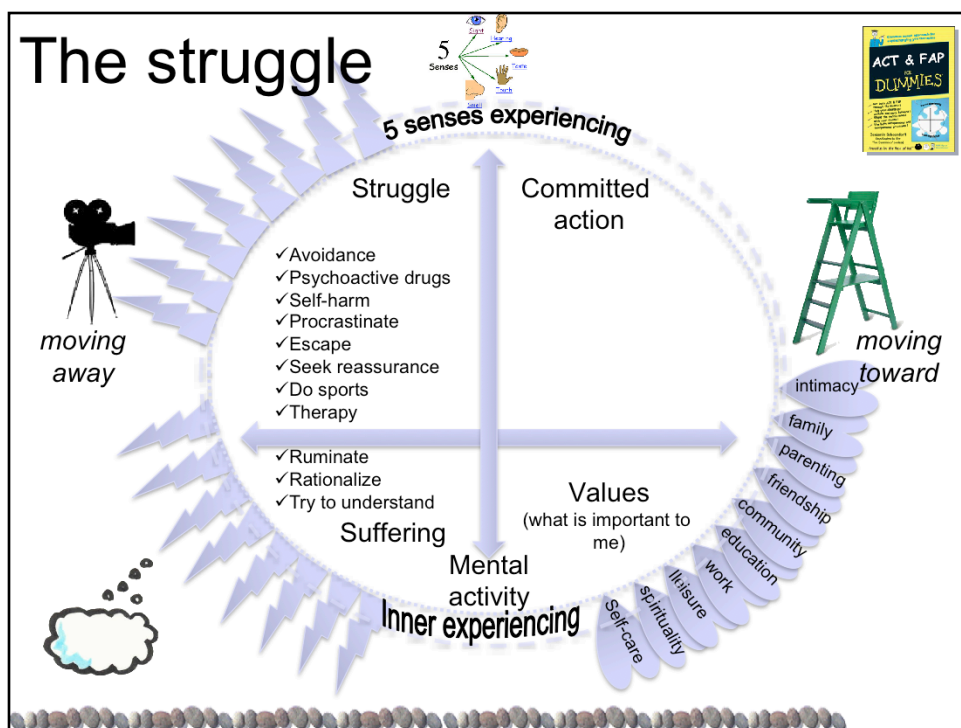
Our values are also part of languaging behavior and come to be classified as things to move toward as a result of DRR.

Values is that part of human languaging behavior that talks about what's important, what's truly important. That is often closely related to suffering in that only that which is important can make us suffer and in particular lack of it. So values and suffering are like two sides of the same coin.

Some clients are so stuck that they can't contact what's important, but all clients have something that is important, all living organisms have things that they can move toward, that are appetitive to them.

Contacting values is contacting vulnerability, contacting potential suffering, values and suffering are two sides of the same coin. Thus contacting the value side might bring your clients so close to suffering that it may well make them go straight for the hidey hole. If you don't want one, you lose the other.

Finally, values are not 'things' to be had, they are a quality of languaging, but best understood as qualities that can be embodied, freely chosen life directions - freely chosen in the sense of coming under appetitive rather than aversive control.



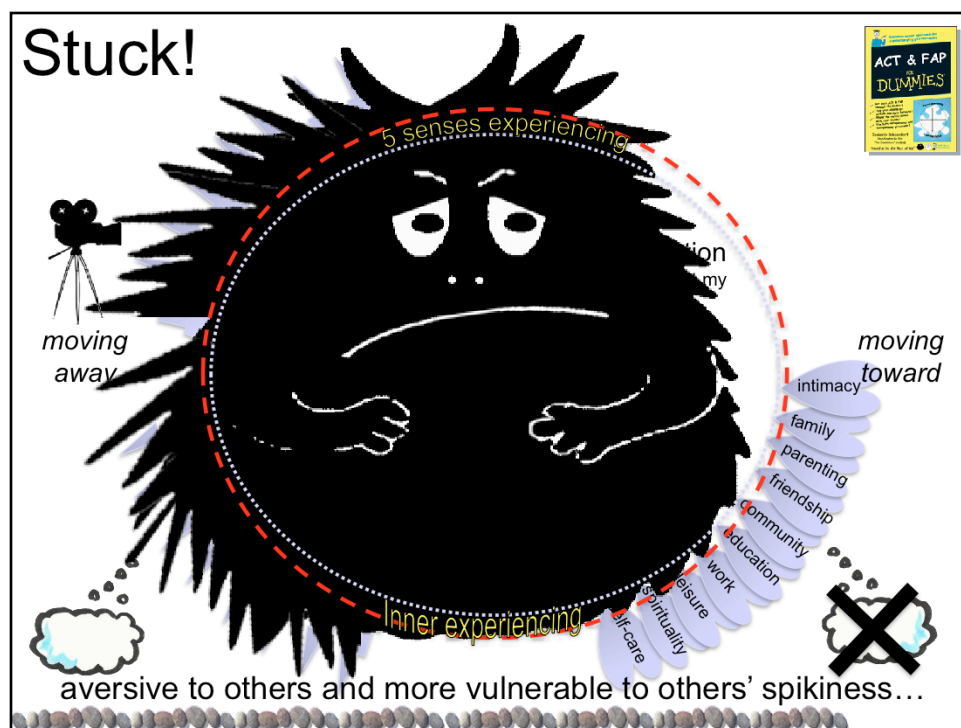
Next, from our umpire's chair, we will observe **the struggle**.

The struggle is what we do to move away from, escape, avoid or reduce the stuff inside we don't like. It's the solutions we derive and apply to our suffering. In other words, it's how we make our way to the hidey hole.

Most of these struggle behaviors can be publicly observed. This is something done with the whole body.

But some are private behaviors, so we write them in the bottom part of the matrix.

The struggle often creates more spikes that make life painful and stop us having the sweet life we want.



The struggle trap

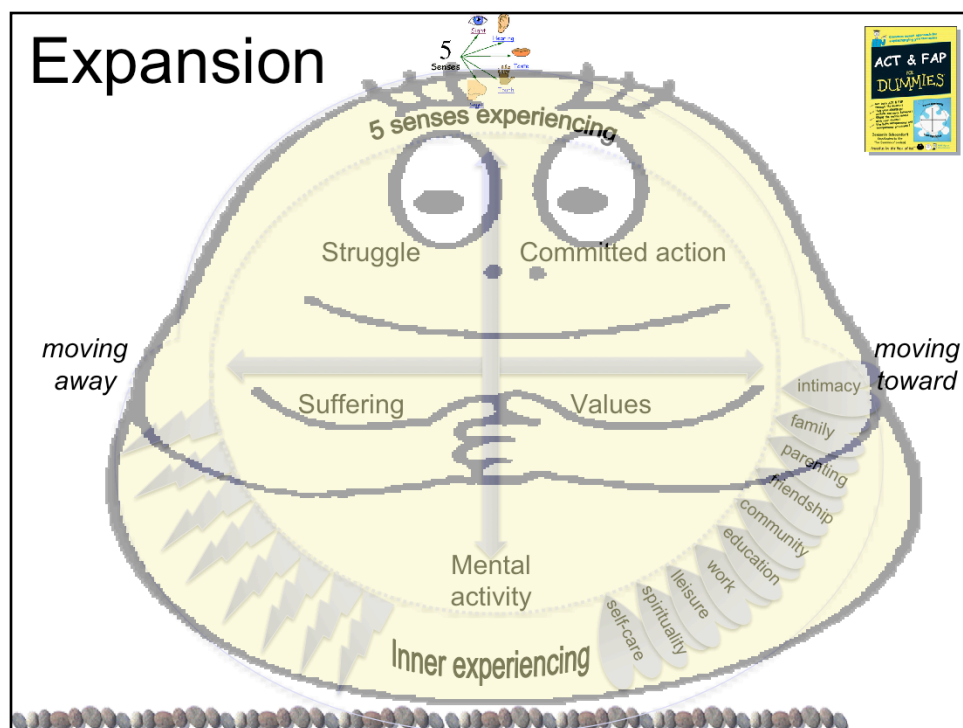
The mind will suggest what needs to be done is minimize experience of the 'spikes', Experience however often shows that not only does that create more spikes in the upper left side, but the attempt to contract contact with aversive inner experience makes you spiky to others who move away from you. Note that it sometimes works, eg taking an aspirin for a headache. When it works, fine and good.

In that state of contraction, you're like permanently making for the hidey hole, repertoire is narrow and behavior is inflexible.

Contracted, your core is more exposed to other people's spikiness. All the spiky and sticky stuff of life will likely become entangled with you, multiplying aversive experiences exponentially.

Aversive content is as present as ever, but full contact with values becomes difficult and inflexible. Sometimes to the point of failing to experience the presence of values.

The spikiness also plays out in the therapeutic relationship, thus making it a prime arena for training new behavior. (That's where we get to the FAP stuff);



As the Matrix expands, clients become better able to tact, broadening of inner tacting repertoire represented by ‘inner experience’. So we work directly on experiential avoidance. The image of expansion become goal of tx



The tennis court metaphor:

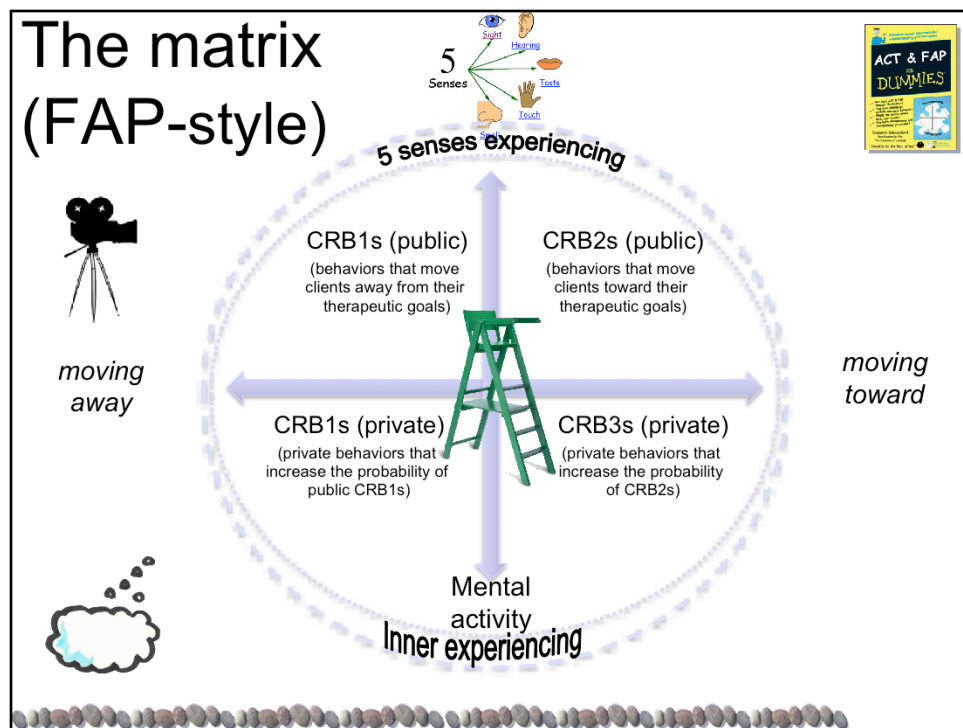
"I like to think of this matrix as being like a tennis court. It's as tennis court divided in four quadrants. And you've come to me because you've noticed that your balls always fall somewhere stuck between suffering and struggle, to the left. You'd like to beef up your game. Now I'm no Roger Federer, my own game is far from perfect. But I'm a half decent coach and I can certainly walk you through how to get your game unstuck if you choose to.

First we're going to have you climb on that umpire's chair so that you can better see where you balls land. You've been so focused on your moves and looking at your racket that it's been hard to even see where the balls fall. Then when you start getting a better feel for where the balls fall, we can start looking at how to help you put some flexibility in your game. If you could choose, where would you like most of your balls to land?"

A nice way to introduce an equivalent to the two mountains metaphor.

Also starts creating the sacred space as training ground for both stuff inside and when it shows up in relationship. What happens here and our relationship itself is like a training ground, and whatever shots you play here won't count for your ATP ranking.

NB: being willing to climb on the umpire chair, ie to notice, is already a committed action!



We can now look again at the matrix through FAP eyes.

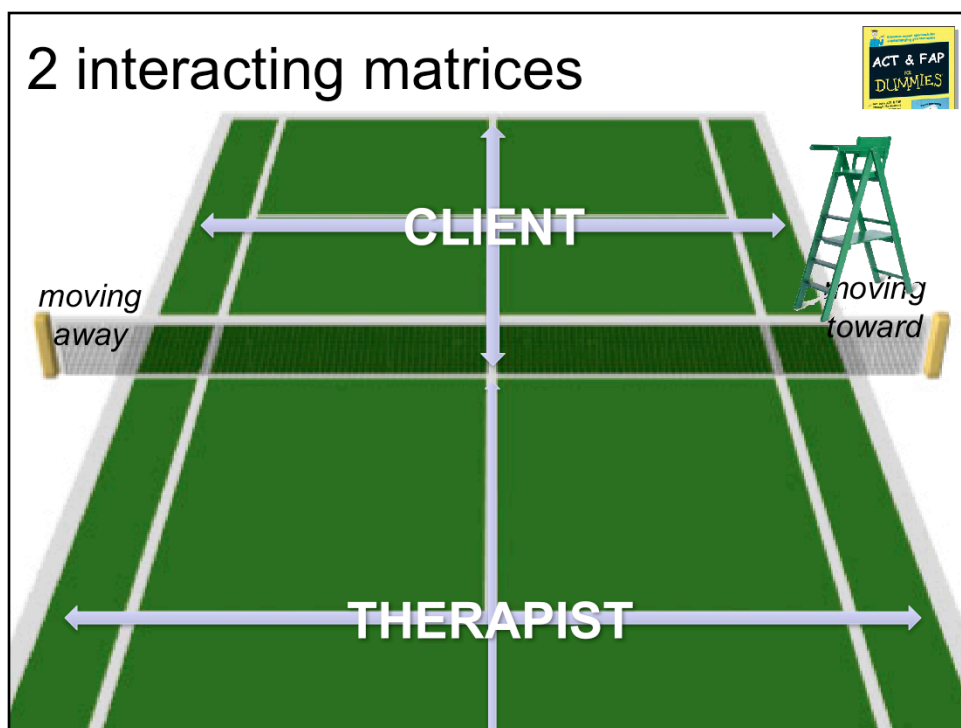
Our FAP matrix is an in vivo matrix, and this is what it looks like.

Remember across the room from the client's matrix is the therapist with his/her matrix too.

Therapy is going to be about both client and therapist matrices interacting.

As a therapist you can thus insure you increase your clinical effectiveness by practicing expansion for yourself.

And training your clients.



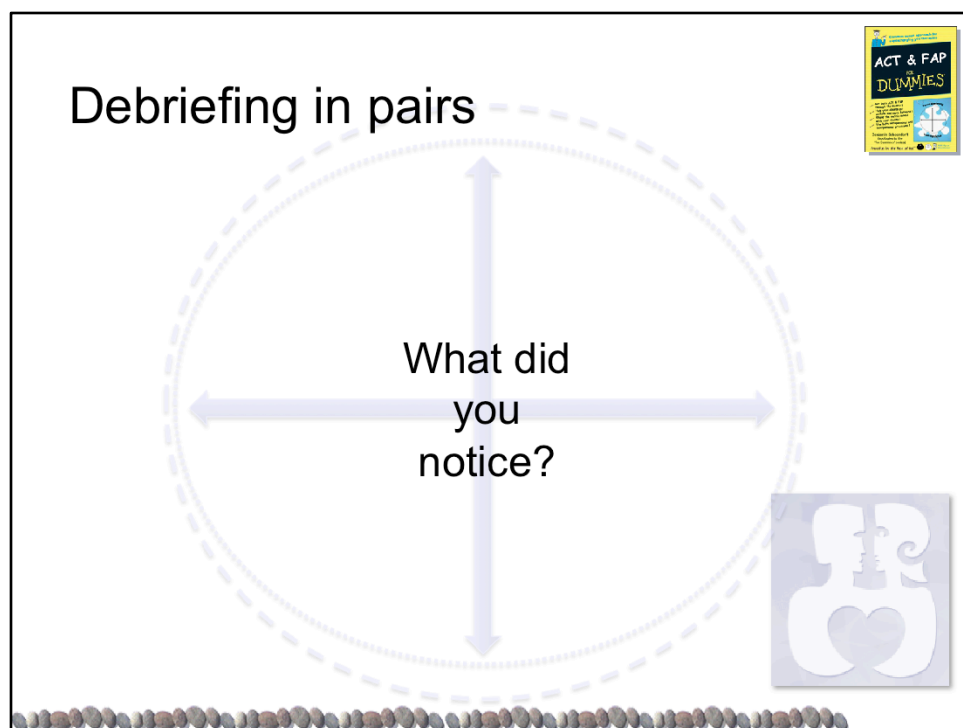
Choose one difficult client

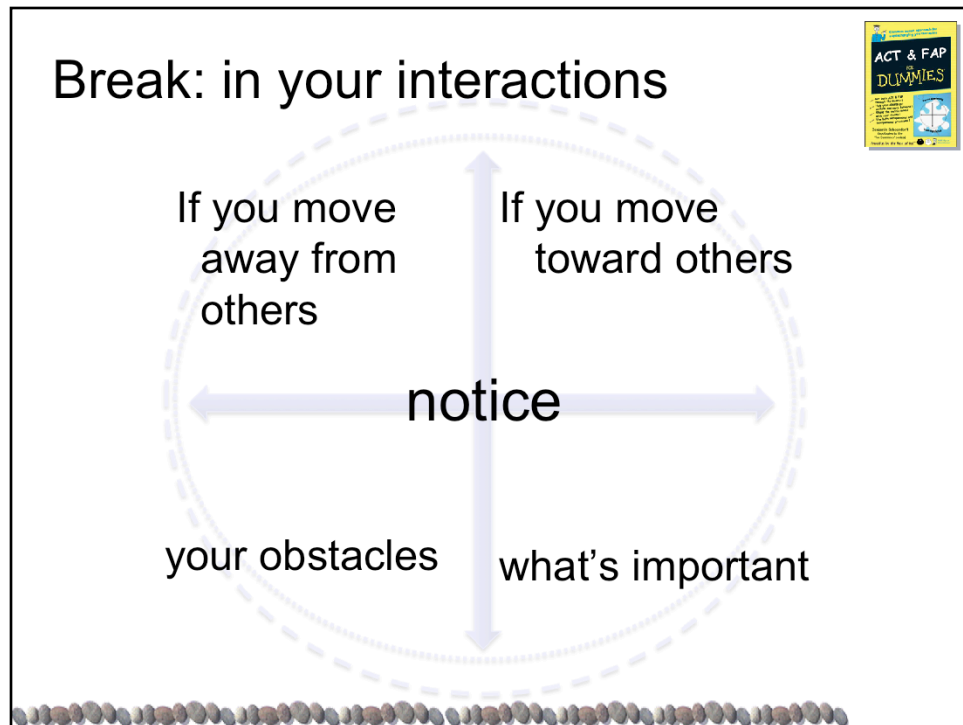


- What do you notice he/she always do in session that's difficult?
- What do you always notice yourself doing in session with this client?
- Do you notice how *what he/she* do impact what you do?
- Do you notice how *what you* do impact *what he/she* does?

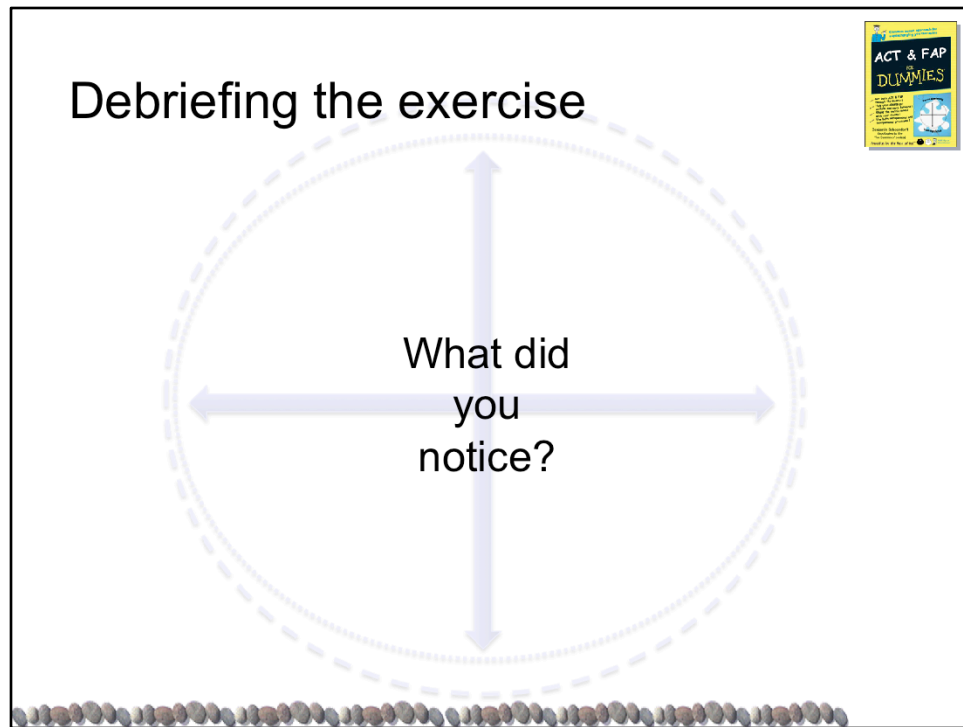


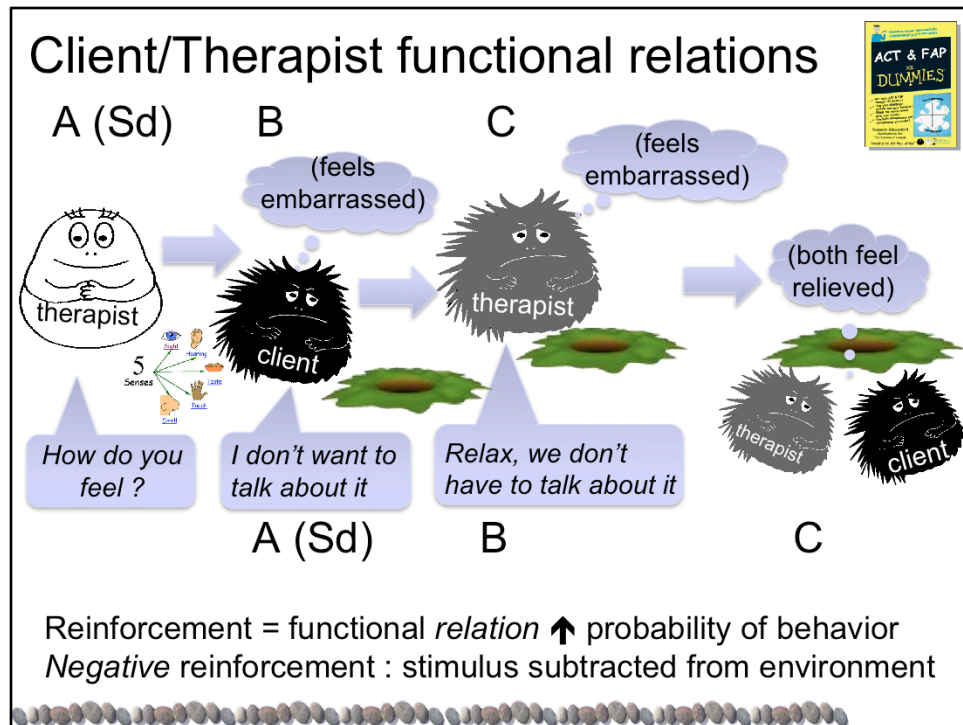
In pairs





It's optional and second option notice under the line





How does spikiness and expansion play out in relationships – thus in the therapeutic relationship?

Let's look at therapeutic interactions.

Is the response from the client (*I don't want to talk about it*) a move toward or a move away?

It depends. In order to tell, you first need to have performed a functional analysis and conceptualized client behavior from that analysis.

This client, John, lives with OCD, has trouble expressing negative emotion and feels lousy.

He gets really embarrassed every time the therapist asks him to talk about his break-up with his wife. She said she left because she could not stand his rituals.

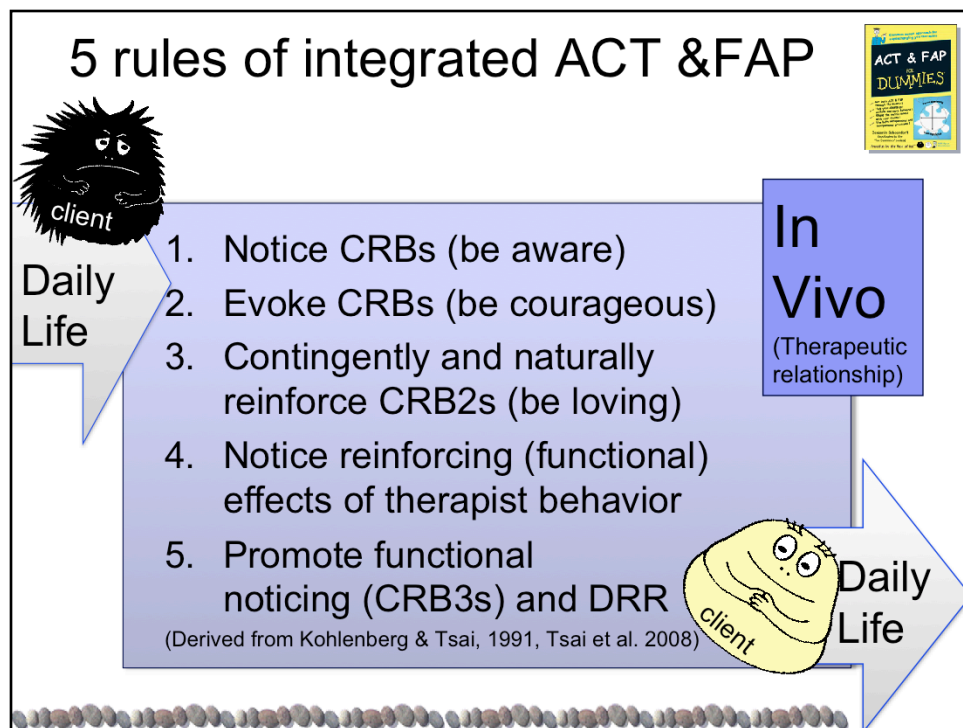
The therapist, Dan, profoundly dislikes making his clients feel bad or feel forced to do anything.

They were talking about the breakup...

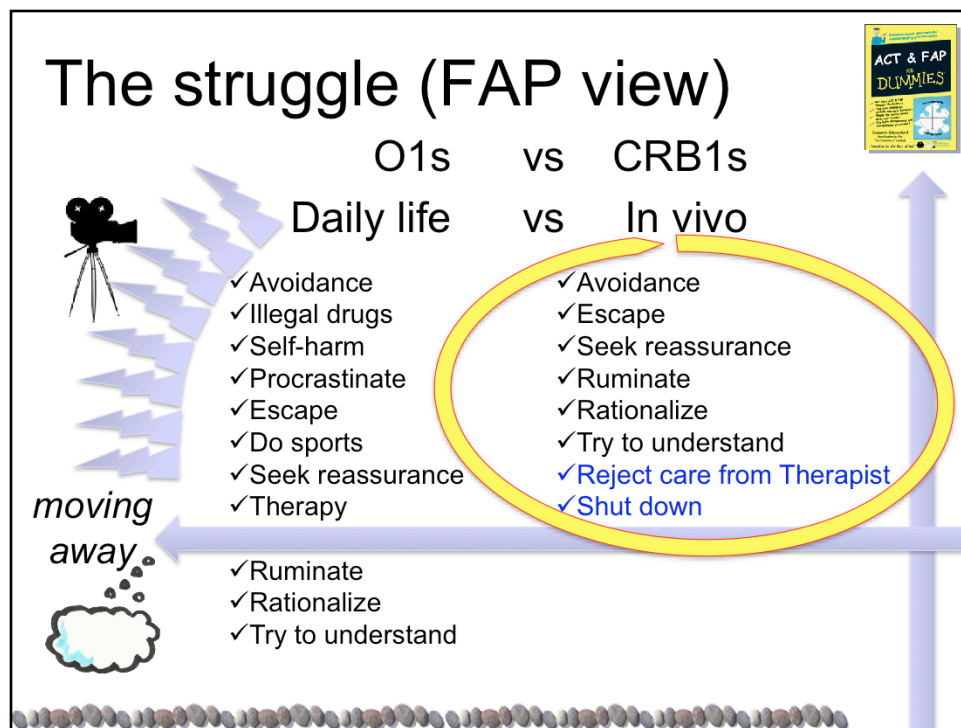
Note that behavior is a constant stream which is only divided in ABC for the purposes of functional analysis. So what is behavior in one analysis can become an Sd in another.

The client's spikes raise the therapists' spikes and they both reinforce each other's avoidance.

First the therapist acts as an Sd. Then the client acts as an Sd. Some conditions present in the environment that occasions a given behavior which is reinforced



Having recast the matrix in FAP terms, we can apply the FAP rules to how we use the matrix in our clinical settings.



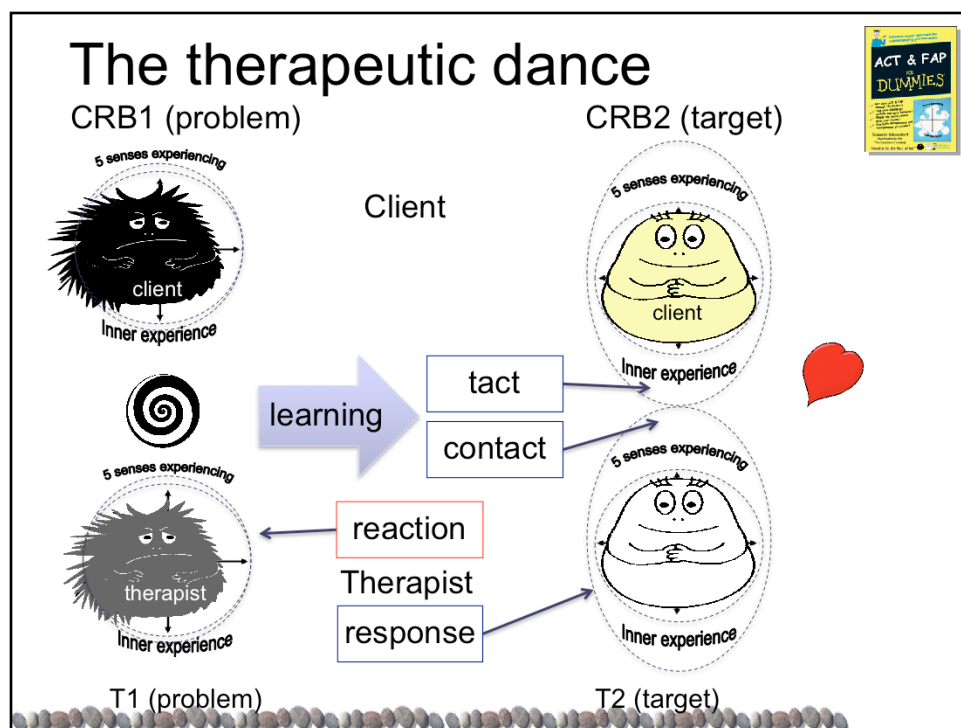
Looking at the struggle with FAP eyes.

FAP will concentrate on CRB1s observable in the therapy room. So we are now able to separate in vivo from daily life behaviors. Note that some behaviors will also appear as a function of the relationship which the therapist can bring to the client's attention (in our example: reject care from therapist and shut down).

However FAP is also concerned with behavior outside the room (Os).

The difference in focus comes from the fact that because FAP rests uniquely on reinforcement in the moment and generalisation, it can only act on behavior that it can directly contingently reinforce, ie behaviors in the room. Then through generalisation, the client can take the new behaviors into his or her daily life situations.

On the other hand, ACT, using RFT and DRR, can affect the wider context which occasions behavior outside the room by changing the verbal context.



The therapeutic dance

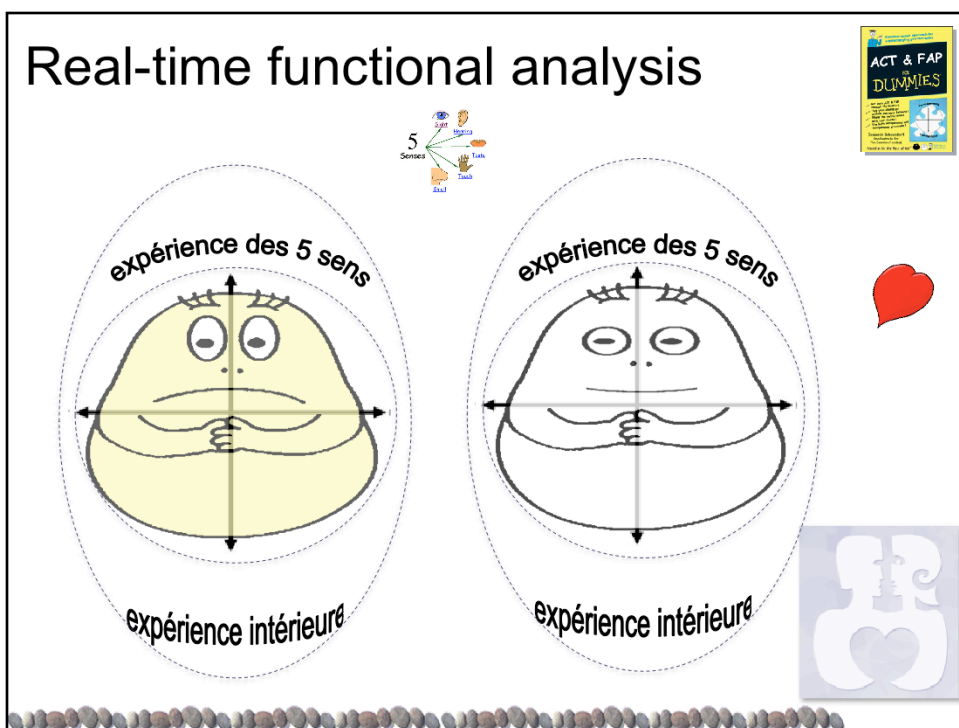
When your matrix is spiky, contact with outside 5 senses experience and inner experience is minimal, sometimes to the point of dissociation and inability to discriminate or tact inner experience.

Avoidance behavior is so spiky it can also make us therapists spiky, in ways that will depend on our learning histories. We then react to client and the relationship can spiral downward and therapy get stuck.

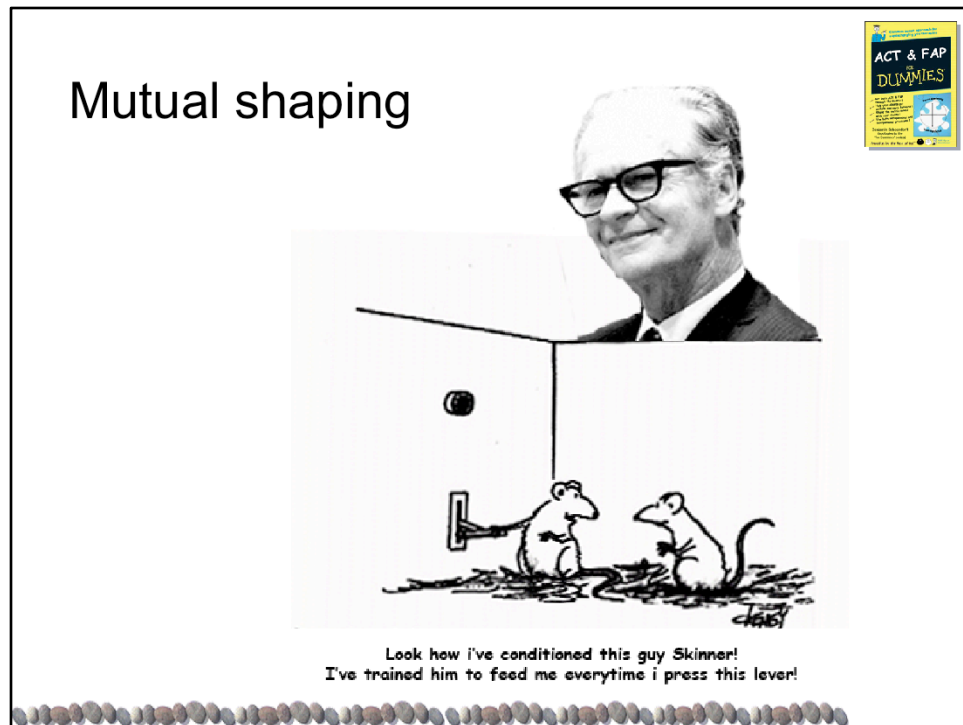
Therapy is a learning process for both therapists and clients, in interaction, where the client will gradually learn to make increasing contact with 5 senses experience and tact inner experience, thus broadening repertoire and becoming able to do CRB2s and be reinforced. The more the therapist expand her matrix, the more she'll be able to be sensitive to the change in client behavior and able to contingently reinforce appropriately.

The matrix is a wonderful tool of functional analysis to use with clients. We invite clients to describe what they observed in the environment through 5 senses experiencing, then what their inner experience was, and what their mental activity (somewhat similar to a Beck 3 column sheet). Then we look at behavior and consequences, as observed through 5 senses experiencing, inner experiencing and mental activity.

The matrix is also usable as a tool to train communication skills, assertiveness and perspective-taking by inviting the client to look from the point of view of other people's matrices.



You need to relearn how to name your inner emotion an accepting therapist will help you learn this.



Both client and therapist shape each other's behavior!

Behavior Analytic tools



- *Shaping through successive approximations*
- *Making stimuli more salient (then fading)*
- *Prompting (including modeling)*
- *Discrimination training through multiple exemplars*
- *Present moment awareness*
- *Change of context through :*
 - ➔ *Relationship*
 - ➔ *Derived Relational Responding*



So here's our toll box.

Shaping through successive approximations

Making stimuli more salient (then fading)

Prompting and modeling

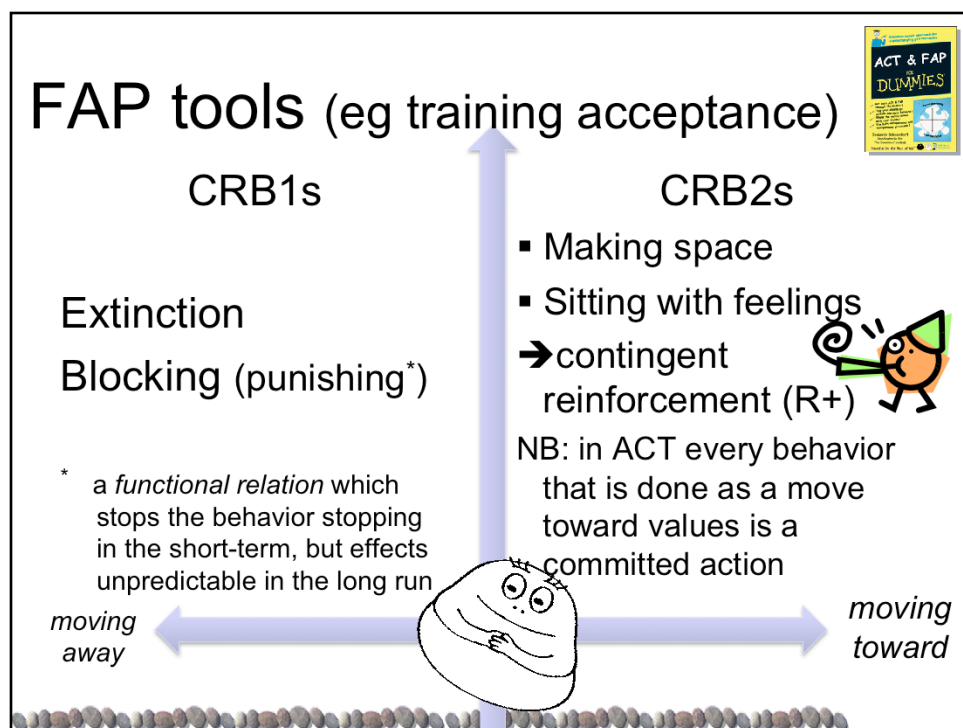
Discrimination training through multiple exemplars

Present moment awareness

Change of context through :

• *The one natural context therapist can influence : the therapeutic relationship*

• *Derived Relational Responding, changes in the verbal context in which the client operates*



An example of how you can use FAP tools with the matrix.

Let's take the example of the therapist training acceptance in the client, that is expansion.

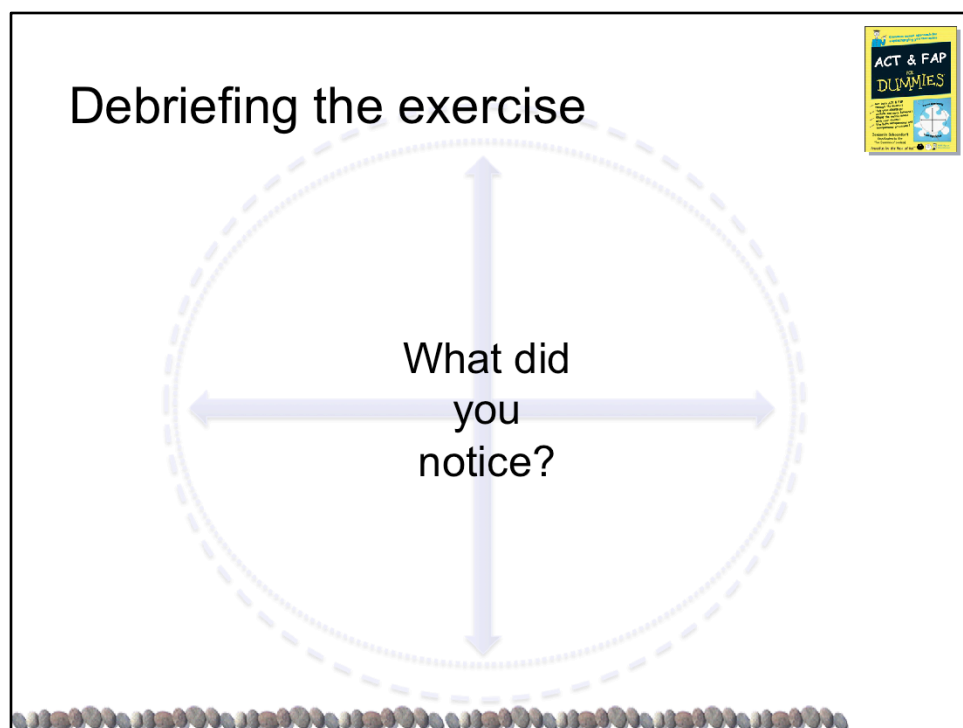
The therapist can use her three functions, provide Sds for acceptance, as in noting when uncomfortable content arises, then she can prompt or model making space for that experience and reinforce every single step in that direction, thus shaping the behavior through successive approximations. On the left side of things, she can also choose to ignore some avoidance behaviors, in effect putting them on extinction schedules or even block them, in effect punishing them. Note that punishment is a *functional relation* which stops the behavior stopping in the short-term. But we know from experimental psychology that its effects are unpredictable in the long term and that it tends to make the punisher aversive, so she'll use it sparingly, and seek client assent for it.

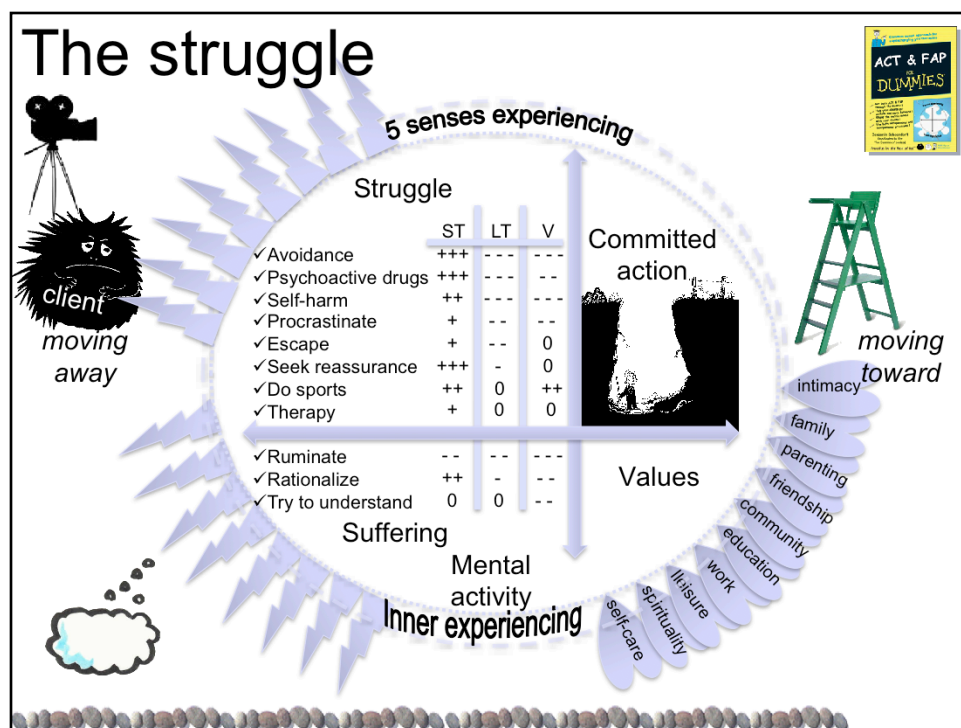
In small groups share

1. The ways I can stand in my way ✓ during workshops ✓ as a therapist	2. My behavioral commitments ✓ for this workshop
3. my fears	4. what the therapist I want to be would do...

Using the matrix share what you've noticed so far today

Optional





Next, around session 3, we are going to train the client's attention to the struggle.

This can be done directly onto the client matrix worksheet or on a board.

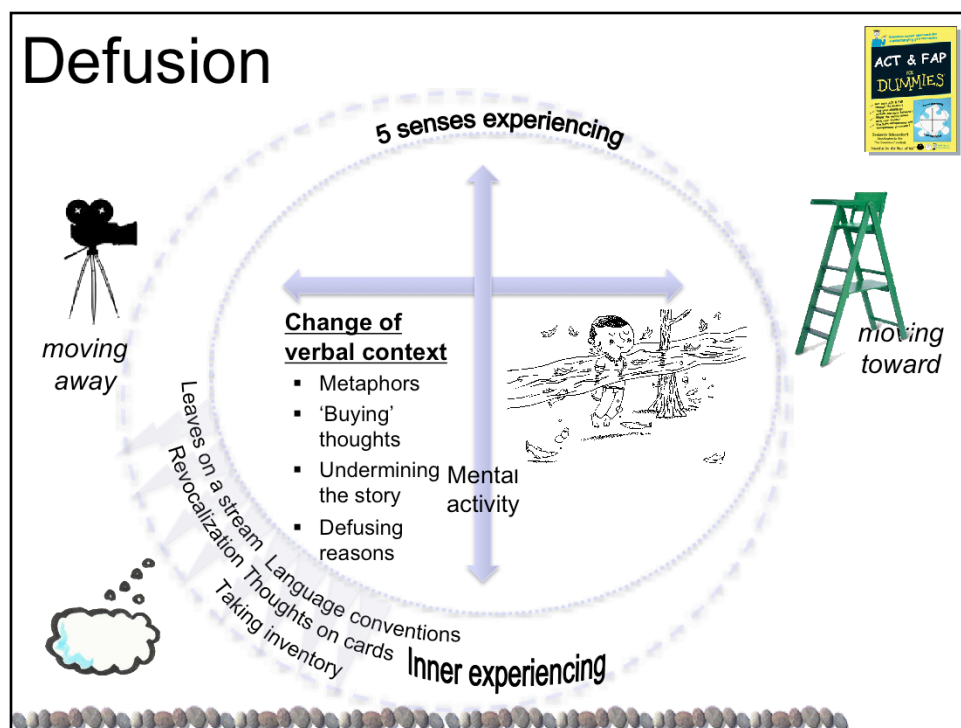
In the lower left quadrant, we note some of the client's suffering: e.g. loneliness, sadness, anger, pain, thoughts of being a loser, painful memories, etc. No need to be exhaustive.

Then we invite clients to list the things they have done to move away from (avoid or reduce) suffering, the strategies and solutions they have used in their struggle. Once a list is up (doesn't have to be exhaustive), we invite the client to consider the effectiveness of these strategies on 3 dimensions: short-term (ST), long-term (LT) and to help move toward values (V). Invite clients to rate the effectiveness of their strategies on a scale of minuses to pluses (from --- to +++ through 0 if no effect). It's important to say something like: *'Please rate according to your experience and see if you can just give me a rating rather than an explanation, we'll have plenty of time for those later'.*

Rating should proceed quite swiftly. Once the ST column is done, take stock. Most solutions will work in the short term. Say something like: *'So the things you've tried aren't dumb, most [list them] actually work'.* Client nearly always respond: *'Well yes, they work but... it comes back'* giving us a perfect segue into considering long-term effectiveness. Here make sure the client understand long term solutions are those that see the quantity of suffering disappear or reduce over time, not just for a while, even a long while. Once LT effectiveness rated, take stock: *'So it works... and it doesn't work...'* and just make space for the client to feel the futility of the struggle. Next we move to how solutions have helped move toward values. Once rated, take stock, then sum up the whole picture.

The man-in-the-hole ACT metaphor can then be introduced: *You've been blindfolded and given a bag and sent to walk through a field full of holes. One day you fall, grope in the bag, find a shovel and start digging. You dig by [name strategies] and since you've been digging, has the hole become bigger or smaller? And what if a shovel was not the right tool?*

In this session, two things have happened: 1) space has been created to try something new 2) a broad functional class of behaviors (with a variety of forms or topography) has emerged: control behaviors (digging), that mostly function to keep the client stuck to the left of their matrix (as assessed by the values column).



A note on ordering treatment

Note that from this point onwards, the model is totally flexible and any or all quadrants of the matrix, real-time (FAP style) or daily life behaviors can be addressed. What follows is just one way of going through the main processes. As you become familiar with the model and practice conceptualizing with the matrix, you'll be able to select intuitively which process to work on.

Next we can choose to move to defusion.

Defusion interventions aim to help clients get unstuck from their thoughts, history and conceptions of themselves, especially when those function to keep them stuck to the left of the matrix. The aim is to take thoughts as thoughts, mental activity, stories about pens, rather than take what they say literally, i.e. take thoughts for pens.

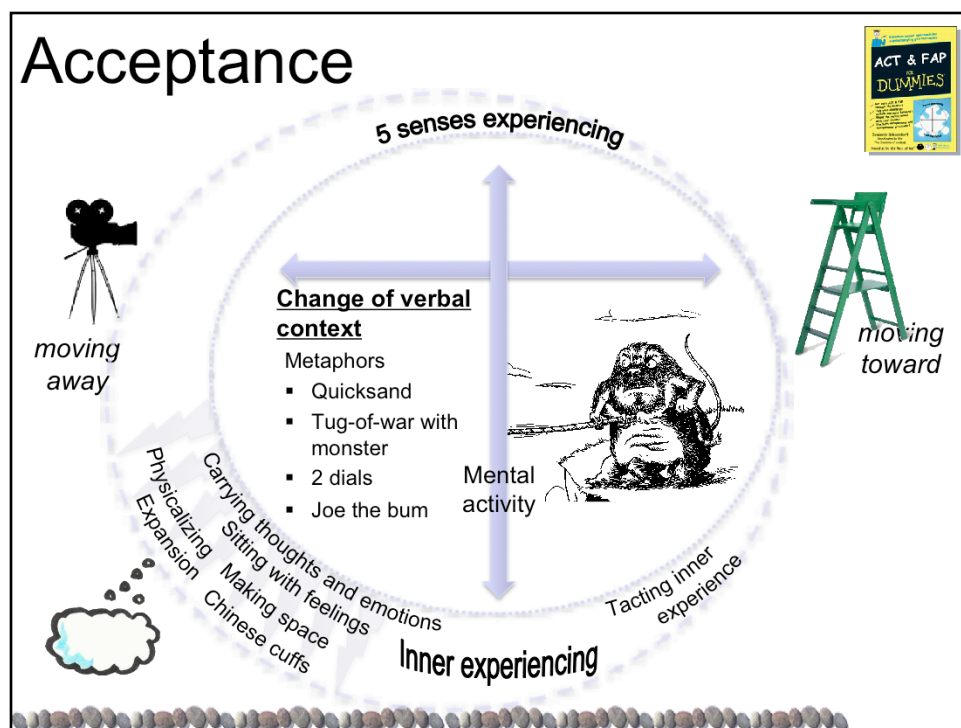
A neat metaphor which can be introduced early is to present *thoughts as salespeople*. *Some are really good and we keep on buying from them. Sometimes we buy bulky items that come to really crowd our living quarters and make it hard to move in our houses/lives. What if it became possible to buy the useful stuff rather than from the guys who hawk best?*

Amongst the most effective defusion exercises, are all the exercises that train clients in contacting the inner experience of defusing, which they can then naturally contrast with the inner experience of fusing with thoughts.

Language convention: Invite clients to notice what bodily sensations, emotions and thoughts show up around a difficult thought of theirs, then invite them to do the same now prefacing the thought with '*I have the thought:*'. Also invite clients to replace '*But*' by '*And*' in sticky thoughts and notice if they experience a difference.

Revocalization exercises where difficult thoughts are said very slowly or very fast, or in funny voices, or sung, also help. Writing thoughts on cards or post-it notes that can be stuck onto the client or carried around all the while observing the inner experience are powerful exercises that help create distance between clients and their thoughts. Another good one is inviting clients to take inventory of their experience of the moment and simply list everything they notice showing up. On the guided mindfulness exercises side of things, invite clients to imagine being sat by a stream with a big tree overhead and to write their thoughts on leaves that fall into the stream. Then just invite them to notice what happens when they stop putting thoughts on leaves, where their mind goes - there lies fusion and they can start catching it in real time.

NB: we never use the word fusion clinically. Sticky thoughts, thoughts that push you around, bossy thoughts, etc, are preferred ways of referring to the process.



Acceptance is the one thing we avoid talking about in this treatment! Better to train it directly.

It's clinically more effective to refer to it as expansion and as the behavior of making space for private aversive content.

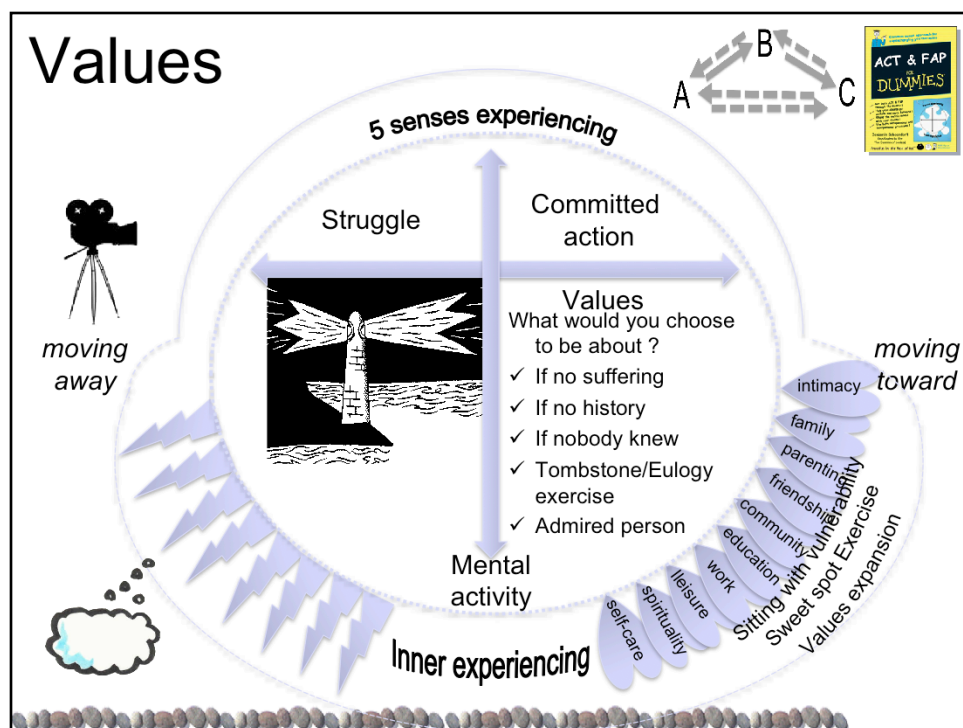
There are many ways this behavior can be trained. Metaphors such as quick sand or tug of war with a monster help to undermine the verbal context of non-acceptance.

Playing tug-of-war with a rope is very effective and can be used to draw client attention to some physical properties of the struggle (tension in the body). Then the client can be invited to let the rope freely slide between thumb and index and notice how things are in her body. Dropping the struggle, it also becomes easier for the client to go where she wants (e.g. ask her to walk toward the door in both conditions).

Other experiential exercises to train acceptance include inviting clients to physicalize their suffering by asking a series of question along the lines of : *If you suffering had a shape (texture, weight, mass, speed, etc) what would that be?*

Expansion can also be trained directly by referring to the matrix and inviting the client to make space, inhale suffering (emotions, thoughts, sensations, images), or even just notice them. Then be sure carefully to debrief the properties of doing these moves vs. trying to push private content away or even rearrange it.

Here too it pays to be attentive to the subtle changes in clients in-session behavior to mark any improvement, reinforce it and draw clients' attention to the full breadth of their experience in the moment. Remember we are training discrimination (here between struggle and letting go) and there is as much to be learned in an instant of struggling as in a moment of letting-go.



Values work

When we increase our contact with the inner experience of suffering, we increase our contact with inner experiencing of values. And vice-versa.

When clients are contracting in the service of reducing their inner experience of suffering, they become unable to contact the full experience of what's important to them in the life domains that are important to them. Values become narrow, fused, often taking the form of inflexible verbal rules that place them largely under aversive control.

From an ACT perspective, values are better understood as directions we can embody through our actions than as goals that can or cannot be reached. For example, in intimate relationships, getting married is a goal whereas being close and supportive would be a value.

Values work can help clients regain the full experience of contact with their own values. We can help that contact by asking a series of questions aimed at 'peeling the values onion' and removing the fused layers that prevent flexible and appetitive contact with values. Questions such as *'and if you had no suffering, would doing such and such be important to you?'* *'What if you hadn't had that history?'* *'What if nobody knew that you were doing that?'* In the eulogy exercise, clients are asked to imagine what people from their different life domains could truthfully say if - after their plane had crash landed on an desert island - they were believed dead. Then ask them to imagine they are rescued and returned to their life and its full course. What would they then like people to be able truthfully to say about the sort of person they were and what they were about?

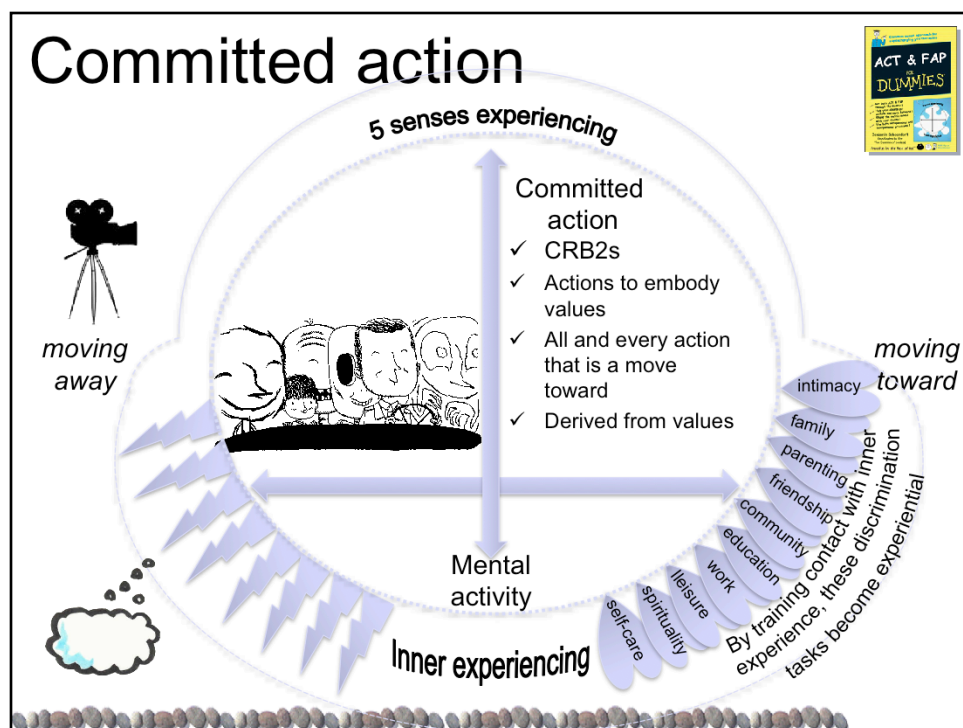
Sometimes contact with values is so minimal and contracted as to be extremely poor. Asking clients to identify somebody (real or fictional) they admire could help to tease out the qualities that are important to them which these people embody.

Expansion exercises, such as making room for the experience of what's important can also be trained, in a way similar to suffering.

Contact with values brings with it a sense of vulnerability and emotional intensity which the therapist can identify and tact as it happens in the room. Here too is a rich terrain for contingent reinforcement.

Remember that contact with values need not at first be full-blown contact with full freely chosen life directions. Look out for any behavior by the client which is other than experiential avoidance of the inner experience of contact with what's important.

Finally, note that from the point of view of functional definitions, CRB3s in the FAP model (i.e. functional explanations of 3-term contingencies of behavior) increase the probability of CRB2s (target public behavior) so the client producing these can also be trained, shaped, prompted and reinforced.



Committed actions are any and all actions that are derived from values (or functional explanations) and that help the client move toward appetitives.

We let clients derive their own actions and objectives that will serve to embody their values.

If need be, problem solving algorithms can be used to help divide actions and objectives in manageable chunks and to face outside problems.

Inner obstacles can be made room for through expansion and defusion while contacting the value being served by a particular action.

On a FAP view, committed action is a CRB2 as observed in session. These can be immediately reinforced. Using shaping procedures, at first any approximation of target behavior will be reinforced and, as the client progresses, more complex and functional iterations of the target behaviors are reinforced.



There is a wonderful online tool of behavioral activation: joe's goals (with thanks to Mavis Tsai for alerting us to its existence) <http://joesgoals.com>.

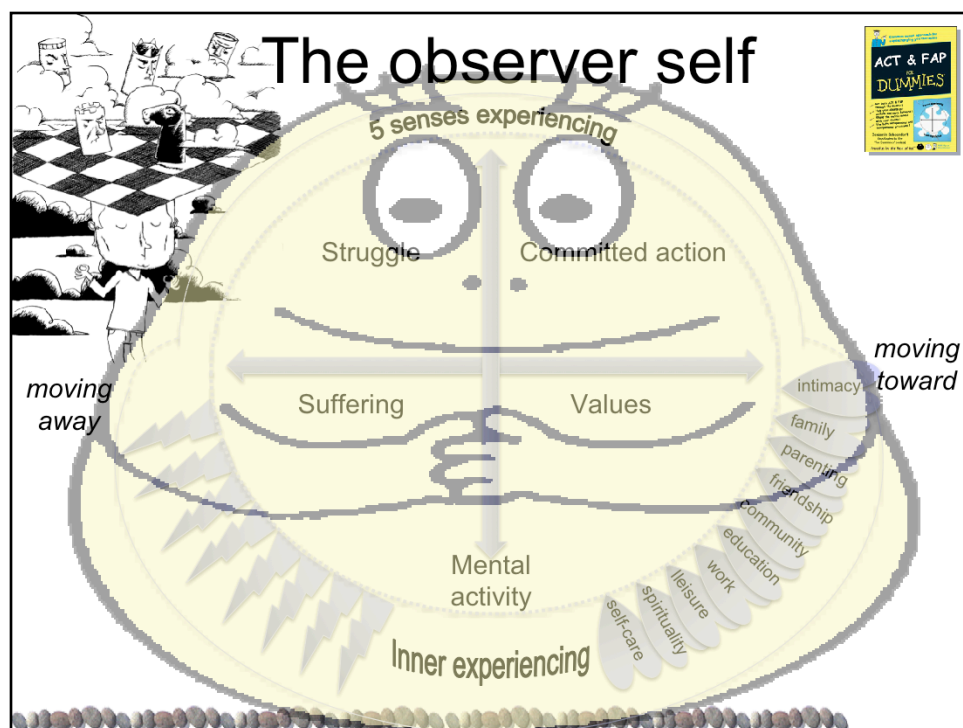
Letting clients derive behavioral goals from their valued domains is an extremely powerful way of using Joe's goals and can be fun for clients too.

Clients can program their behaviors and reinforce themselves with points, and even make their progress available online to the therapist.

Points awarded can be modulated as the behavior gets shaped. First many points then fewer.

Practice of experiential exercises can also be goals in Joe's goals.

It's important to insure goals are appetitive, that the client is in contact with the appetitive dimension of the goals (i.e. the value from which it is derived). NB: The very same goal can move from being under aversive to appetitive control by virtue of being linked to a value (what RFT calls augmentals).



In this model, it is hardly necessary to train the observer self as a separate plank of treatment.

Discrimination D3 (self-as-context) emerges as a natural consequence of multiple exemplar training. At first clients will come to discriminate content from process and eventually direct experiential contact with self-as-context will emerge.

Note on Mindfulness exercises

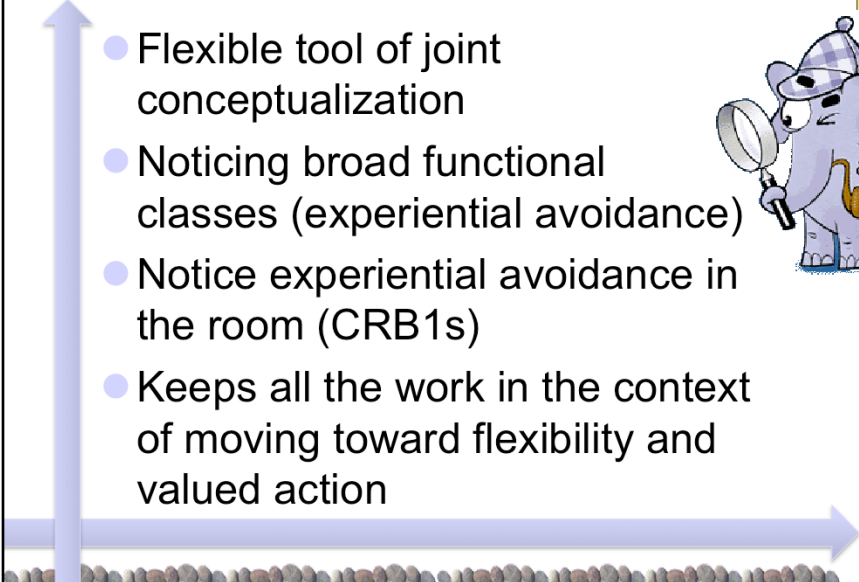

We use short observing exercises to kick off most sessions.

These are tailored to the progresses in client's noticing and observing repertoire.

Toward the end of each such exercise we'll ask the following question: *'and see if you could notice that as you observed your [bodily sensations, thoughts, memories, emotions, judgments, values, etc – depending on what you were inviting the client to observe in the mindfulness exercises], there was a part of you that was noticing your [bodily sensations, thoughts, memories, emotions, judgments, values, etc – depending on what you were inviting the client to observe in the mindfulness exercises]. That part of you has always been there and is you in a very deep sense.'*

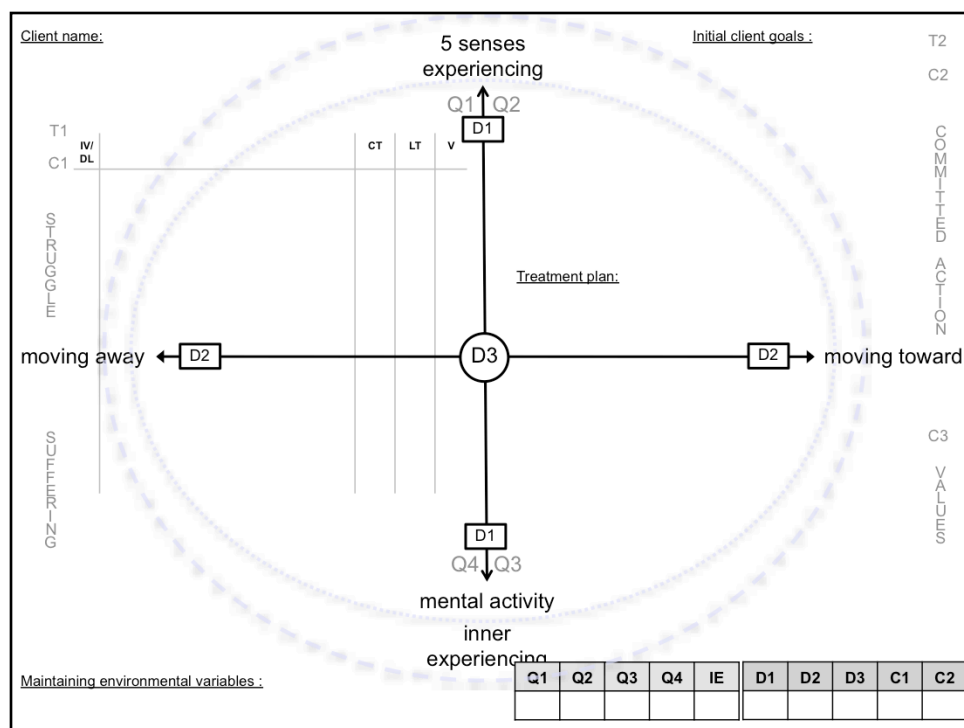
More traditional self-as-context ACT exercises, such as the chessboard metaphor and the guided observer exercises can also be used if the therapist feels it necessary.

Case conceptualization



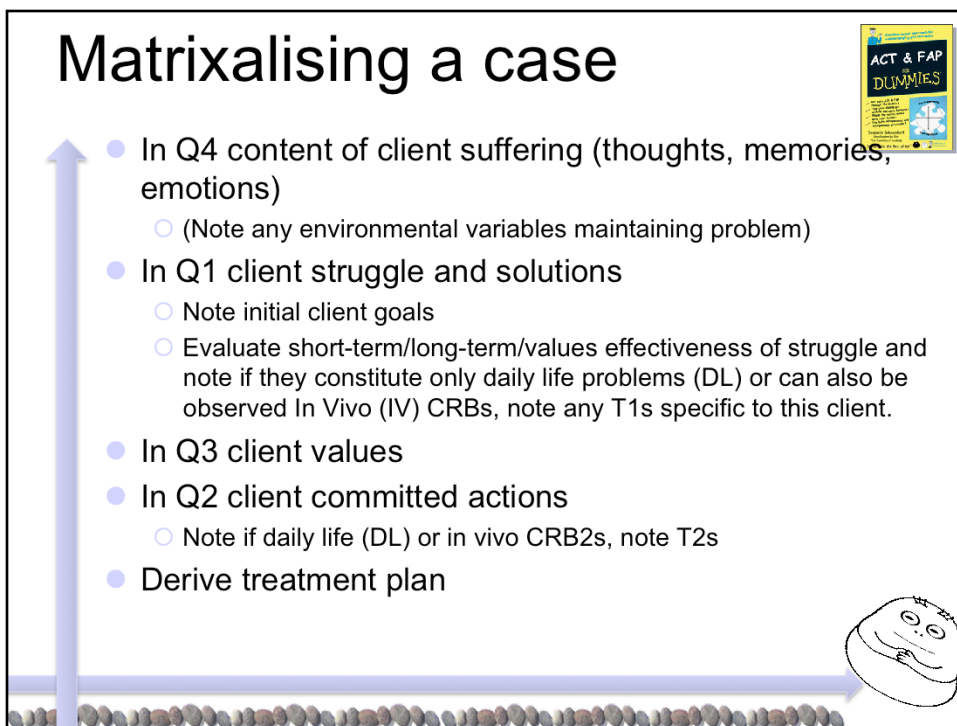
- Flexible tool of joint conceptualization
- Noticing broad functional classes (experiential avoidance)
- Notice experiential avoidance in the room (CRB1s)
- Keeps all the work in the context of moving toward flexibility and valued action

The matrix is not only the main tool therapists and clients use in therapy, it is also a flexible, fun and intuitive conceptualization tool uniquely fit seamlessly to integrate ACT and FAP conceptualization.



In the pdf forms handout, you will find a copy of the conceptualizations form as a pdf, along with a simplified version for clients and a progress tracking sheet.

Matrixalising a case



- In Q4 content of client suffering (thoughts, memories, emotions)
 - (Note any environmental variables maintaining problem)
- In Q1 client struggle and solutions
 - Note initial client goals
 - Evaluate short-term/long-term/values effectiveness of struggle and note if they constitute only daily life problems (DL) or can also be observed In Vivo (IV) CRBs, note any T1s specific to this client.
- In Q3 client values
- In Q2 client committed actions
 - Note if daily life (DL) or in vivo CRB2s, note T2s
- Derive treatment plan

Filling in the Matrix case conceptualization form

Q4 is the inside stuff clients suffer from and struggle with. Is it present all the time (10) or never (0)? Are there conditions in their living environment that maintain the problem (unemployment, 'understanding' spouse)?

Q1 is what clients do to move away from suffering? Are they continually struggling (10) or never struggling (0). Be careful here as some forms of struggle (eg ruminations) like to present themselves as 'giving in'. They are nonetheless things clients do to move away from the full inner experience of their suffering, hence a form of struggle. Here it's good to note clients' initial goals (often avoidant or 'eliminative' goals, but not always). In this quadrant, the analysis of the workability of the struggle can also be noted, in particular those strategies, if any, that help the client move toward values

Q3 are client values. Note here the domains that are important and what's important in these domains. Note client ability to provide functional analyses (CRB3s)

Q2 are committed actions, note if daily life or in vivo (CRB2s).

Next fill in the quantitative assessment boxes at bottom right (see next slide).



Treatment plan can then pretty easily be derived.

Use these processes where the client is strongest to train those where she is weakest. Identify CRB1s and 2s and share this with your client, along with any T1s and T2s. Share your treatment plan with your client in simple terms: defusion is helping make these sticky thoughts less sticky, acceptance, learning to expand to make space for the spikes so you become less spiky and other peoples' spikes and life's spiky stuff don't pierce your core anymore, values helping you really connect with what's important, committed action, supporting you in identifying actions that help you be about what's important, both here and in your life, interactions: learning to expand your matrix so as to create space for others to expand theirs and increase the quality and depth of your relationships, starting with our relationship.

Quantitative assessment

On a scale of 1 to 10:

- Q1: note and assess client struggle & CRB1s (DL/IV)
- Q2: note and assess committed actions & CRB2s
- Q3: note and assess client values and CRB3s
- Q4: note and assess content of client suffering
- IE: assess client ability to contact inner experience
- D1: assess client ability to operate D1
- D2: assess client ability to operate D2
- D3: assess client ability to operate D3
- C1: assess quantity of CRB1s
- C2: assess quantity of CRB2s

Q1	Q2	Q3	Q4	IE	D1	D2	D3	C1	C2

[illegible]

You can track client progress over time with this sheet. Typically Q1 and Q4 will be high at first and tend to reduce over course of treatment (esp Q1). Q2 and Q3 will be low and tend to increase over time, so will IE. D1, D2 and D3 will typically start pretty low and grow over time. There will be an inverse relationship between C1 and C2 with C1 being high at first and C2 low with C1 decreasing as C2 increases.

We suggest you use this sheet to track a few clients over time. Doing this you will train yourself to attend to these important dimensions of client behavior until you naturally attend to them and filling in the sheet becomes unnecessary. As some numbers evolve or fail to move over time, you will get precious indications of what process to concentrate your interventions on.

Enjoy and don't hesitate to ask questions on the EBP website.

My hope : did I show you that ?



Combining ACT and FAP is fun and easy
with the Matrix

Matrix can act as GPS for your ACT

Clients and therapists get to interact better

Intuitive and collaborative tool of functional
analysis

Helps tacting what's going on in real time

benjamin.schoendorff@gmail.com

I promise to respond to you!

NB functional analysis is both of client and therapist
behavior