

# An Introduction to the Introduction to ACT

Dr. DJ Moran

# Demystifying ACT

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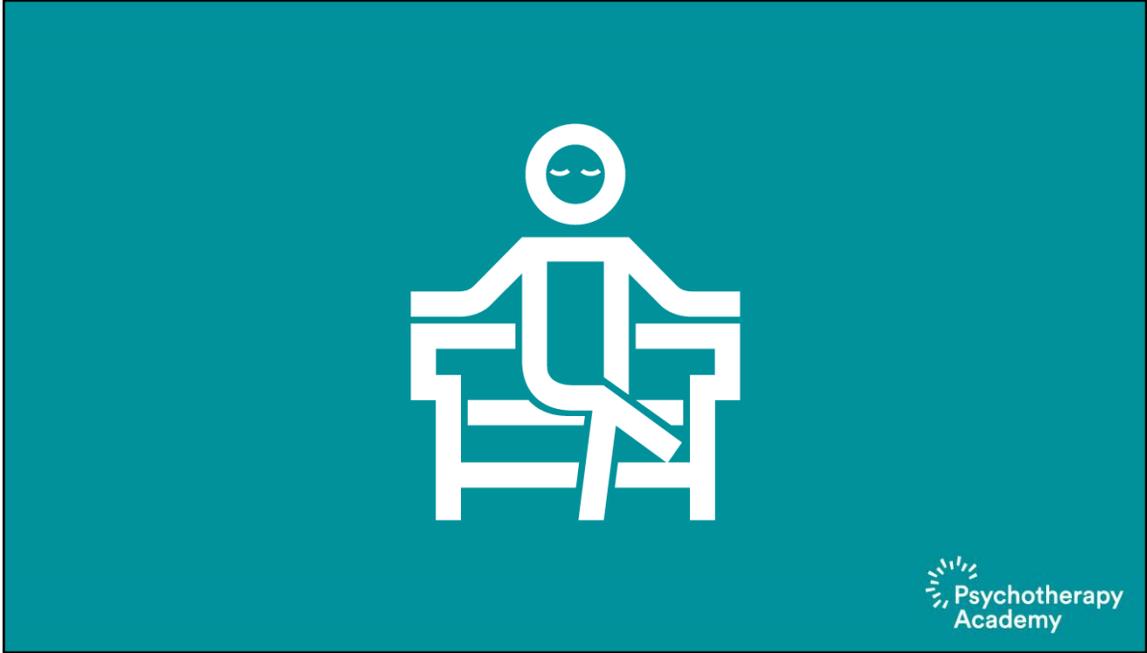
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Acceptance & Commitment Therapy

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Greetings and welcome to Demystifying ACT, an introduction to Acceptance and Commitment Therapy.



Before we begin, I'm going to invite you to assume a nice relaxed posture and take a nice relaxing inhale followed by a comfortable exhale.

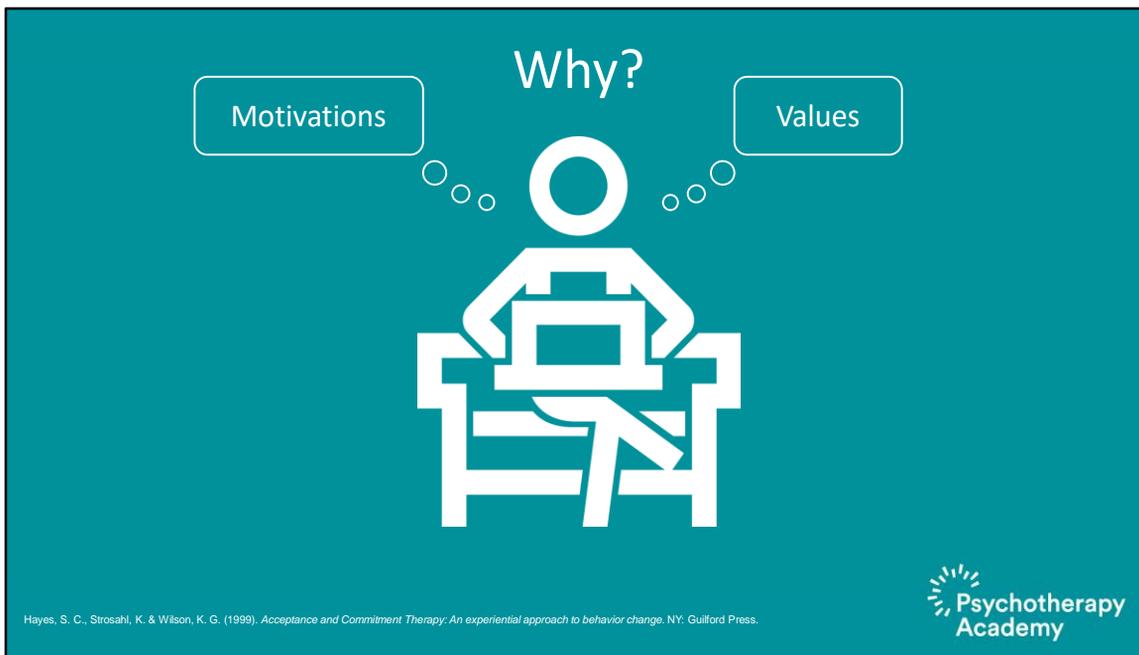
# Why?



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Center yourself. In other words, focus your attention on why you want to learn about this material. What brought you to this opportunity to be trained in ACT? What are your motivations for learning this approach? Why have you chosen to spend your time doing this training activity? What personal values brought you to this experience?

See if you can articulate your motivations to yourself.



And perhaps write them down, type them into your computer or make a mental note. You are here now learning about ACT perhaps because it resonates with your personal and professional values. Please keep those values in mind throughout our time together. Values help motivate people for a committed lasting behavioral change.

## Dr. DJ Moran

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- Ph.D. in Clinical and School Psychology
- Board Certified Behavioral Analyst



Hi.

My name is DJ Moran and I appreciate you joining me on this training journey. Before actually getting into the material, I hope you will allow me a short introduction. I've been involved in the ACT community for over two decades starting in graduate school. I earned my Ph.D. in Clinical and School Psychology from Hofstra University which is right outside New York City which is where I grew up. And I'm also a Board Certified Behavioral Analyst.

Steven Hayes



Robyn Walser



This ACT stuff  
is for me!



Back in 1994, I saw Robyn Walser and Steven Hayes, two pioneers in ACT, give a presentation on Acceptance and Commitment Therapy at an Association for Behavioral Analysis Conference. And I was inspired so much that I said, yep, that's it. This ACT stuff is for me. I want to take the ideas that were presented on behavior analysis, CBT and mindfulness and blend them together to help reduce suffering and improve quality of living for people and thus started my ACT journey.

## Dr. DJ Moran

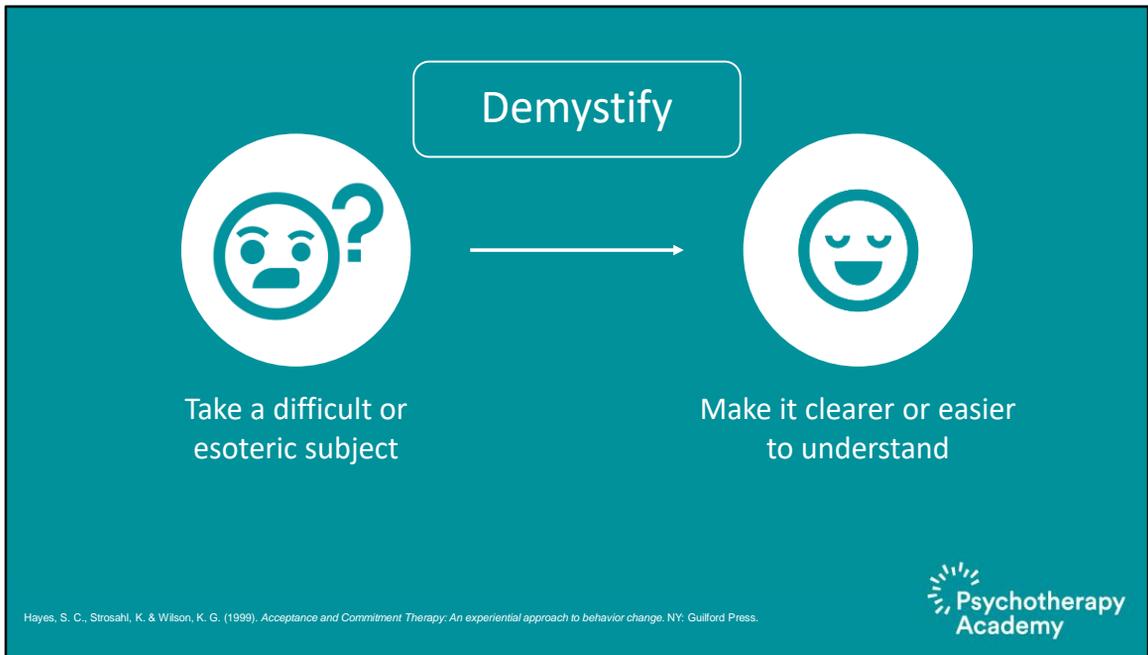
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- Past President and Fellow of the Association for Contextual Behavioral Sciences (ACBS)
- Won the Outstanding Mentor Award



I'm a past President and Fellow of the Association for Contextual Behavioral Sciences, the ACBS, which is an organization dedicated to promoting ACT. And I believe it will be helpful to you on your journey to become a better ACT therapist so I hope you will join the association. I've supervised over 100 students, won the Outstanding Mentor Award from the Association for Behavioral Analysis and I've given over 200 ACT workshops. And I'm really glad to be talking about ACT with you in this training.



Now, I titled this training Demystifying ACT because when you demystify something, you take a difficult or esoteric subject and make it clearer or easier to understand. For as long as I've been an ACT therapist, I've heard many professionals tell me that ACT seems too complex or difficult for them to put into practice. We're going to work together in this training to make it simple, accessible and practical for you to use effectively.

# Acceptance and Commitment Therapy



Based on empirically-supported principles



Aims to improve psychological flexibility



By leveraging the influence of mindfulness practice



While utilizing evidence-based, applied behavioral science

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Now, for a very simple definition, we will say that Acceptance and Commitment Therapy is based on empirically supported principles aiming to improve psychological flexibility by leveraging the influence of mindfulness practice while utilizing evidence-based applied behavioral science. And we're going to spend some time in this training unpacking this definition of ACT. And if you'll only learn one thing from me in this training, I will be very disappointed because I want you to learn a whole lot. But if you'll only learn one thing, please keep in mind that we call the therapy ACT and not A-C-T. It's been pronounced ACT for decades now.

## Key Points

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- ACT is a research-based intervention that increases psychological flexibility with a mindfulness approach and behavior change strategies.
- Used to help treat anxiety, psychosis, depression, substance abuse and many more clinical issues.
- Has had impact on work productivity, sports performance and academic achievement.



And to reiterate, ACT is a research-based intervention that increases psychological flexibility with a mindfulness approach and behavior change strategies. The approach has been used to help treat psychological concerns such as anxiety, psychosis, depression, substance abuse and many more clinical issues. And it also has had an effect on subclinical issues such as work productivity, sports performance and academic achievement. So let's take a closer look at this powerful and effective applied behavioral science.



Next Presentation:  
ACT is based on empirically-  
supported principles

# ACT is based on empirically- supported principles

Dr. DJ Moran

# Acceptance & Commitment Therapy



Based on empirically-supported principles



Aims to improve psychological flexibility



By leveraging the influence of mindfulness practice



While utilizing evidence-based, applied behavioral science

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Acceptance and Commitment Therapy is based on empirically supported principles aiming to improve psychological flexibility by leveraging the influence of mindfulness practice while using evidence-based applied behavioral science.

## Based on empirically-supported principles

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- Natural science framework
- Pragmatic approach
- Aims for observable behavioral change

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Let's take a look at that first clause in this definition. Based on empirically supported principles means that ACT comes from the framework of natural science with little interest in using explanatory fictions or hypothetical entities to explain observable phenomenon. ACT is a pragmatic approach aiming for observable behavioral change for people.

## Based on empirically-supported principles



Functional  
contextualism



Relational  
frame theory

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



The therapy is based on functional contextualism which is basically a 21st century approach on B. F. Skinner's radical behaviorism. The therapy is also founded on relational frame theory which is a modern natural science approach to investigate language and cognition. Discussing functional contextualism and relational frame theories beyond the scope of our training in Demystifying ACT.



ACT interventions are rooted in solid behavioral science and aim to reduce suffering and improve quality of life.

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



But trust that ACT interventions are rooted in solid behavioral science and aim to reduce suffering and improve quality of living for people.

## The effectiveness of the interventions



Depression



Psychosis



Chronic pain



Substance abuse



PTSD



OCD



Panic disorder



Social phobia

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Because of this dedication to the value of science, the ACT community has endeavored to empirically demonstrate the effectiveness of the interventions. There are over 200 randomized controlled trials showing that ACT moves the needle on important measures in the clinical world. The outcomes have been replicated and ACT has been shown to help people dealing with depression, psychosis, chronic pain, substance abuse and all sorts of anxiety disorders such as PTSD, obsessive-compulsive disorder, panic disorder and social phobia.

## The effectiveness of the interventions



Fewer mistakes at  
work



Better  
adjustment in  
school

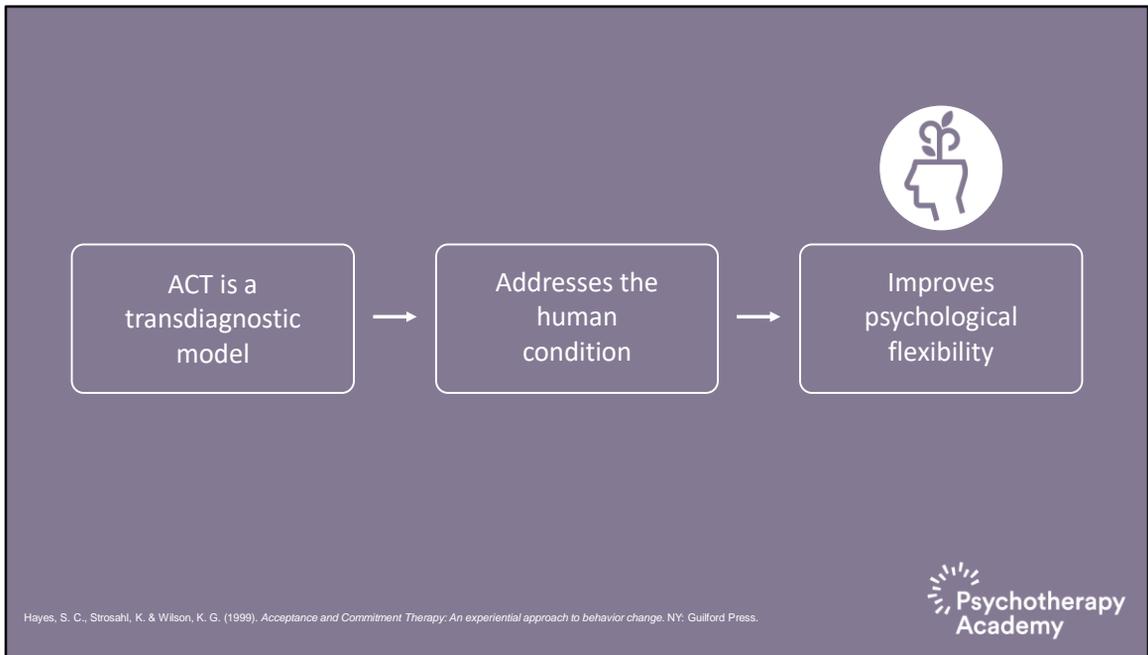


Better performance  
in sports

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.

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In addition, ACT works for subclinical issues such as helping people make less mistakes at the workplace, have better adjustment in school and perform better in sports.



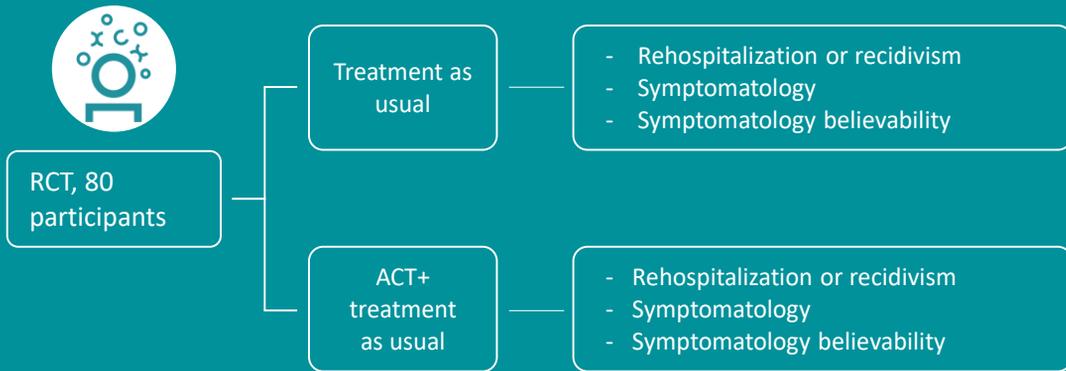
When we look at it this way, ACT is a transdiagnostic model which means it isn't a therapeutic approach that targets one particular clinical issue. Rather, ACT helps address the human condition. ACT helps people who are suffering and we all suffer from time to time in our lives. ACT helps people who are suffering by improving people's psychological flexibility. We will discuss psychological flexibility in another module.

## The empirical support for ACT



And for now, let's review some of the empirical support for ACT. I'm only going to talk about a fraction of the research on ACT not only to convince you that it is an efficacious intervention but also to highlight the interesting outcomes of the endeavor.

# ACT for psychotic disorder



Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.

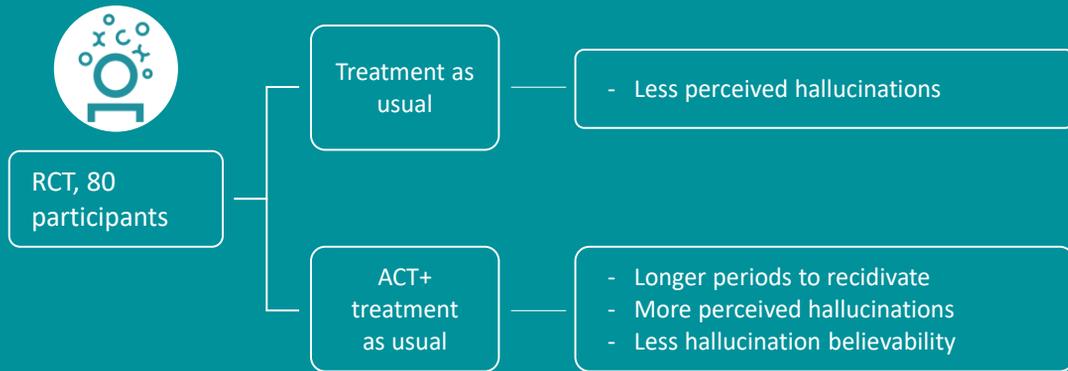


And I'm going to start with the first randomized controlled trial ever done on Acceptance and Commitment Therapy. It was Bach and Hayes 2002. Patty Bach and Steve Hayes were aiming to apply ACT to psychosis disorder. They had 80 participants and those 80 participants were randomly assigned to one of two groups. One received treatment as usual which included psychoeducation and the other received a similar set of interventions plus ACT as a supplement to the treatment as usual. Bach and Hayes took a look at three measures, a rehospitalization measure or recidivism measure, a measure of symptomatology and a measure of believability of those symptoms.

To review those dependent variables, let's take another look. Rehospitalization or recidivism basically is a measure of how long is it going to take the client to come back for more help after termination. As a clinician, you've probably terminated with your clients successfully and one way to measure that is they're not coming back to see you anymore. Bach and Hayes were measuring how long is it going to take the participants on average to come back for more help. That's the recidivism or rehospitalization measure. The next measure is the measure of symptomatology basically asking, how many hallucinations and/or delusions have you had in the last week? In the third measure, how believable are they? When you're having a hallucination or a delusion, how impactful are they on your behaviors? So those are

the three measures.

## Results



Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Patty Bach and Steve Hayes made sure that all the clients received four weeks of treatment. And on the final day, that's when the clock started ticking on the recidivism measure. They counted how long is it going to take them in calendar days to come back to the hospital for more help. And what they found is the ACT group took a statistically significantly longer period of time to come back for more help when compared to the treatment as usual group. They helped them. They stayed away from the hospital for a longer period of time. And there are two other measures that they looked at. The symptomatology measure, how many hallucinations and/or delusions have you had in the last week? And what they found was that the treatment as usual group, it went down a little bit. But when they asked that to the ACT group, how many hallucinations and/or delusions have you had in the last week, the symptomatology measure was shown to go up. They actually had more symptomatology. Anybody might be worried about that. I thought that our endeavor as clinicians is to reduce symptomatology. That's the catch. Maybe ACT isn't doing that as a primary aim of the intervention because they took a look at measure 3. How believable are they? How much are you letting your hallucinations and/or delusions have an impact on your behavior? And what they found is that went down in the ACT group. People were not believing their hallucinations and/or delusions so much. That had a clinical impact.

## Conclusion

↑ Higher symptom reporting

↓ Lower symptom believability



Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.

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Academy

In the article, it says and I'm quoting, "ACT participants showed significantly higher symptom reporting and lower symptom believability." And then it says in the same article quoting, "ACT participants were hospitalized at a significantly lower rate than were treatment as usual participants." So the neat thing is people are out there living their lives, doing what they want to do with their lives instead of being at the hospital. They're having hallucinations and/or delusions but they're not being influenced by them. They're accepting the human condition as it had been given to them and committing to the things that are valuable and meaningful in their lives. They were accepting mindfully their own private events but committing to the things that were important in their lives. That kind of outcome in case conceptualization can be seen throughout the ACT research and when you're doing the therapy yourself.

## ACT or CBT



ACT



CBT



Efficacious  
intervention  
for anxiety

• Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.  
• Avdagic, E., Morrissey, S. A., & Boschen, M. J. (2014). A randomised controlled trial of acceptance and commitment therapy and cognitive-behaviour therapy for generalised anxiety disorder. *Behaviour Change*, 31(2), 110-130.



We can look at another article, Avdagic and others 2014 where they compared a six-week intervention of ACT or CBT. They found significant improvements for both conditions and found that “in relation to worrying, at treatment completion, 78.9% of participants in the ACT group achieved reliable change compared to 47.4% of the participants in the CBT group.” In the long run, both groups had equivalent change rates at the followup. But the point is that ACT is an efficacious intervention for anxiety.

## Other studies on depression



ACT



CBT

Reductions in depressive symptoms and  
improvement in quality of life

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Furthermore, in another clinical domain, researchers applying ACT to depression compared the intervention to CBT and found that “patients in both conditions reported significant and large reductions in depressive symptoms and improvement in quality of life from before to after treatment as well as at followup.” There are over 200 randomized controlled trials supporting ACT and going through all of them would be beyond the scope of this training.



ACT's focus on improving psychological flexibility is a major influence

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



But realize that ACT's focus on improving psychological flexibility for clients is a major influence on these outcomes. So let's talk about that fairly new construct in this next module.

# Key Points

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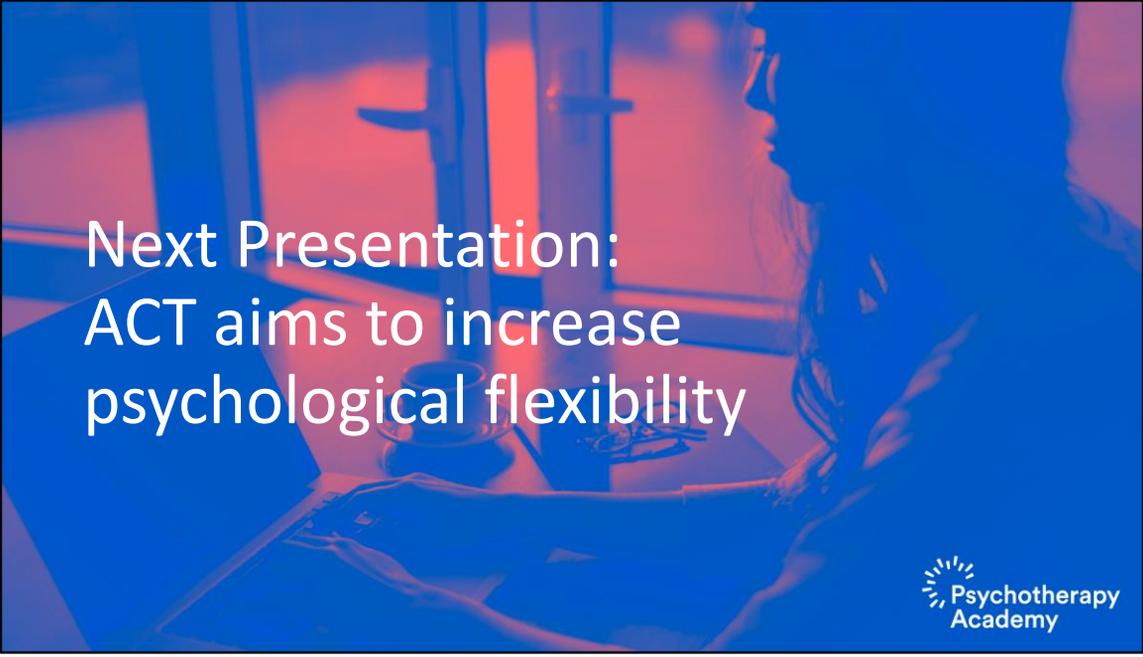
- ACT is based on empirically supported principles.
- Aims to reduce suffering and improve quality of life.
- It is a transdiagnostic model and an efficacious implementation for many clinical concerns.



ACT is based on empirically supported principles.

ACT aims to reduce suffering and improve quality of living for people.

And ACT is a transdiagnostic model and the research suggests it is an efficacious implementation for many clinical concerns.



Next Presentation:  
ACT aims to increase  
psychological flexibility

# ACT aims to increase psychological flexibility

Dr. DJ Moran

# Acceptance & Commitment Therapy



Based on empirically-supported principles



Aims to improve psychological flexibility



By leveraging the influence of mindfulness practice



While utilizing evidence-based, applied behavioral science

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Acceptance and Commitment Therapy is based on empirically supported principles aiming to improve psychological flexibility by leveraging the influence of mindfulness practice while utilizing evidence-based applied behavioral science. Let's take a look at that second clause in the definition. ACT aims to improve psychological flexibility.

# Psychological flexibility



Open-source measure: Acceptance and Action Questionnaire (AAQ-II)

- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy, 42*(4), 676-688.

- Moran, D. J. (2015). Acceptance and Commitment Training in the workplace. *Current Opinion in Psychology, 2*, 26-31.



Psychological flexibility is a fairly new construct in Psychology. I don't recall people measuring it or talking about in the literature in the 20th century. So it's a fairly new construct. And psychological flexibility can be measured with a few approaches. One robust-open source measure is called the Acceptance and Action Questionnaire, 2nd Edition, otherwise known as the AAQ-II.

It was written by Bond and others and published in 2011. It is free and on the internet and you can also find copies of it on the Association for Contextual Behavioral Science website.

# Psychological flexibility



Psychological flexibility



Psychopathology



Quality of life

- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy, 42*(4), 676-688.

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People with higher psychological flexibility measured by the AAQ have been shown to have lower psychopathology measures and higher quality of life measures. So if you're the kind of clinician who wants to reduce suffering and improve quality of living for your clients, psychological flexibility is a good measure for you to use.

# Psychological flexibility



- The capacity to contact the present moment
- While being aware of thoughts and emotions without trying to change or be controlled by them
- Depending upon the situation, persisting in or changing behavior in the pursuit of values and goals.

- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy, 42*(4), 676-688.

- Moran, D. J. (2015). Acceptance and Commitment Training in the workplace. *Current Opinion in Psychology, 2*, 26-31.



One definition for psychological flexibility can be found in Moran, 2015 and it describes psychological flexibility as “the capacity to contact the present moment while also being aware of thoughts and emotions without trying to change those private experiences or be adversely controlled by them and depending upon the situation, persisting in or changing behavior in the pursuit of values and goals.” Now, let’s unpack that definition right there.

- The ability to contact the present moment fully.



Mindfulness



NOW is the only time behavior happens



47% of the day, our thoughts are not about the here and now

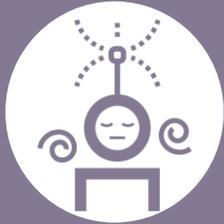
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy, 42*(4), 676-688.

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Psychological flexibility relates to the ability to contact the present moment fully. ACT therapists teach mindfulness exercises in order to help clients be in the present moment. ACT is not teaching about mindfulness because the therapist wants to proselytize people to become Zen Buddhists and it's not because we're trying to have the therapy lead to enlightenment. Not that either one of those things is bad but this behavioral science is pragmatic and teaches mindfulness for practical reasons because now is the only time behavior happens. Now. You can't behave tomorrow. You can't behave yesterday. Now is the only time that action happens. So mindfulness exercises lead to the ability to contact the present moment because the present moment is the only time behavior occurs. You can't behave in five minutes. You can't behave five minutes ago. Now is the only time that action happens. Now, you might protest and say, well, I will be behaving in five minutes. And I will challenge you. Okay, set your watch, set your smartphone to go off in five minutes and do that behavior that you think you will be doing then. And then I would ask you while you're doing that behavior, is it now or is it in five minutes? All behavior happens in the present moment. And here's the catch. According to some of the research like Killingsworth and Gilbert, 2010, 47% of the day, our thoughts are not about the here and now. 47% of the day, our thoughts are about there and then, at other moments. We're not contacting the present moment

almost 50% of the day. Now, I'm not criticizing that outright. Sometimes, it's okay for us to plan the future and reminisce about the past. But sometimes, our language, our thoughts can be about worries related to the future and ruminations about the past and that takes away from opportunities in the present moment to do things that we find vital and meaningful. So we teach people about mindfulness exercises so that they contact the present moment more fully and that leads to broader psychological flexibility.



- Being aware of thoughts and emotions without trying to change or be controlled by them.

- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy, 42*(4), 676-688.  
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And the next clause in this definition states that psychological flexibility is influenced by being aware of thoughts and emotions without trying to change those private experiences or be adversely controlled by them. So we're going to take a moment in this training to do a simple exercise. I hope you are able to do it where you are right now.

## Mindfulness exercise



What I'm going to invite you to do is go ahead and take a nice full clean deep breath. And when you exhale, close your eyes. And I'm going to invite you to make a commitment. This commitment is to do one thing, one single solitary behavior exclusively. And that is to attend to your breathing. Notice what it feels like to inhale and exhale. Notice the rise and fall of your chest. Notice how the air is cooler as you inhale and warmer as you exhale. And I want you to recall the exercise to make a commitment to do one single solitary behavior exclusively. Attend to your breathing. That means if your mind has wandered and you've thought about other things, see if you could just gently bring yourself back to what you are doing right here, right now. Breathing. Now, maybe some thoughts came up. This isn't how I learned how to do mindfulness in the past. Or how am I going to apply this to my clients in the future? But notice those thoughts took you to the past and to the future and took you away from the present moment. And the present moment is when valuable behavior happens. See if you can notice that you're having those thoughts. Just gently bring yourself back to the commitment you made, attending to your breathing which is a behavior that's happening right now.

Maybe some other thoughts came up, judgments. This is a silly exercise. This is weird. See if you could simply do the following. Any thought that comes up that's about there and then, the past or the future or a judgment, see if you can imagine that

thought being printed out on a poster and that poster is being carried by toy soldiers in a parade and that thought just marches right on by distance from you. And watch it go away and then bring yourself back to your commitment to attending to your breathing right here, right now. Maybe some other feelings or thoughts came up. See if you can be aware that they are there. Distance yourself from them. Observe them and then bring yourself back to the commitment to pay attention to your breathing right here and right now. And then go ahead and take a nice full clean deep breath. And as you exhale, open your eyes. What we did right there was a traditional mindfulness exercise. And what I'd like to have you embrace is the idea that part of that teaching was about being aware of thoughts and emotions, noticing them without necessarily getting hooked by them.



- Being aware of thoughts and emotions without trying to change or be controlled by them.



Psychological flexibility



Psychopathology



Quality of life

- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy*, 42(4), 676-688.

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That's one of the components of mindfulness and that is one of the components of psychological flexibility. So we teach mindfulness exercises in order to increase psychological flexibility because the more psychologically flexible you are, the lower your scores and measures of psychopathology and the higher your scores in quality of life inventories.

So now, let's turn to a third part of the definition of psychological flexibility.



- Depending on their situation, persisting in or changing behavior in the pursuit of values and goals.

- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy, 42*(4), 676-688.

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Psychological flexibility suggests that depending upon the situation, the person will be persisting in or changing in their behavior in the pursuit of their own values. Earlier, we discussed how ACT is a functional contextual therapy. So all of our analyses about behavior are of course going to suggest that people's actions will depend upon the situation. The antecedents and consequences to human behavior are always going to have a strong effect on whether or not certain behaviors happen more or less often.



Psychological  
flexibility

Changing  
Persisting

Values influence behavioral change

- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy, 42*(4), 676-688.

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And then psychological flexibility has something to do with persisting or changing certain habits or repertoires. Now, changing one's behavior just sounds like flexibility. When something is flexible, it means it bends, contorts and changes. So of course, our definition of psychological flexibility will include that component. But persisting, staying the course, being unbending and unyielding, that is also psychological flexibility. When a client says that they aim to achieve a particular objective because it is really vital in their life, then they keep working at it even though the goal is difficult, even if the winds of change blow them this way or that way, they stay determined to those actions, that is psychological flexibility too. When we ask people what they care about in their life, what are their chosen values, that helps people persist and change. So that is an important part of the definition at the very end that we care about values because they influence behavioral change. People begin to start saying what's important in their lives and they become influenced by meaningful endeavors which assist them in changing their actions even if it's tough and persisting in other actions even when it is difficult.

In the next module, we will take a closer look at a metaphor to really understand the concept to teach others about psychological flexibility.

## Key Points

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- Increasing psychological flexibility is an aim of ACT.
- More psychological flexibility = lower psychopathology and higher quality of life.



But in this module, there are three key points.

Increasing psychological flexibility is an aim of Acceptance and Commitment Therapy. Psychological flexibility can be measured. And the more psychologically flexible you are, the lower your scores on psychopathology and the higher your scores on quality of life.

## Key Points

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- Psychological flexibility: the capacity to contact the present moment while also being aware of thoughts and emotions without trying to change or be controlled by them, and depending upon the situation, persisting in or changing behavior in the pursuit of chosen values.



Finally, psychological flexibility is the capacity to contact the present moment while also being aware of thoughts and emotions without trying to change those private experiences or be adversely controlled by them and depending upon the situation, persisting in or changing behavior in the pursuit of chosen values.



Next Presentation:  
The Hockey Goalie.  
A Metaphor for Psychological  
Flexibility

 Psychotherapy  
Academy



# The Hockey Goalie: A Metaphor for Psychological Flexibility

Dr. DJ Moran

## ACT Aims to Increase Psychological Flexibility



- The capacity to contact the present moment
- While being aware of thoughts and emotions without trying to change or be controlled by them
- **Persisting** in or **changing** behavior in the pursuit of values and goals (Depending upon the situation).

Moran, D. J. (2015). Acceptance and Commitment Training in the workplace. *Current Opinion in Psychology*, 2, 26-31.



Acceptance and Commitment Therapy aims to increase psychological flexibility. And psychological flexibility is defined as the capacity to contact the present moment while also being aware of thoughts and emotions without trying to change those private experiences or be adversely controlled by them and depending upon the situation, persisting in behaviors or changing behaviors in the pursuit of chosen values.

Now, that last clause in the definition of psychological flexibility can be somewhat confusing. Psychological flexibility calls on people to sometimes persist and sometimes to change. Which is it? Well, Acceptance and Commitment Therapy is a very contextual approach. It all depends on the person's values and on the situation.

## The Hockey Goalie



Perhaps a simpler way to understand psychological flexibility is to invoke the metaphor of a hockey goalie. Now, I know hockey is not all that popular of a sport around the world. But hopefully, you know a little bit about ice hockey.



One of my favorite parts of the game is before it actually starts. All the players are getting ready, warmed up to play the game and all the players are out there skating around in circles taking shots on the open net. Why is the net open during warmups? Well, because the hockey goalie is still on the sidelines pulling on his bigger leg pads than everybody else wears. He's got a bigger helmet and he's got a bigger stick. So it takes him a little while to limber out there. But these big players usually about 200 pounds or more, over 6 feet tall, they're getting limbered up for the game too.

His values motivate him to change.



Psychotherapy  
Academy

These big players all of a sudden will just drop down into the splits. It's pretty remarkable.

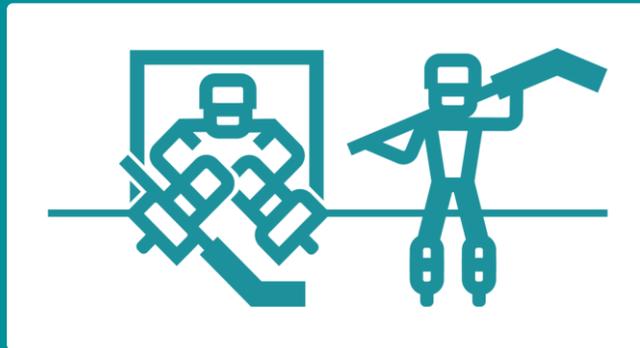
And then because they're on ice skates, they'll straighten themselves back up into a standing position and then maybe they'll stretch out by kicking one leg out. They would get up again, kick the other leg out. And they show off just how flexible they are. Why? Because in the middle of the game if someone takes a shot on them, they might actually have to do the splits. And then the puck bounces off their leg pad and it's still in play. So someone else takes another shot and the player has got to lift his stick up to their left-hand side of the goal and it deflects off the stick and it's still in play. And then maybe another opponent takes a shot on them and they grab it with their mitt from the right side of the goal. The whistle blows. The play is over. But this hockey goalie is splayed out all over the ice. He's stretched himself this way and that way showing off his flexibility.

And we might go up to that goalie and say, why do you change your behavior so readily? Why do you change your posture so much? And he might say, it's in the service of my chosen values, eh? He's trying to say that there are certain things that he cares about that makes him change his posture in such amazing ways. We might ask him, then what are your values? And he might say, sportsmanship, athleticism, the camaraderie with my teammates. As a professional athlete, I provide for my

children and my spouse this way. Those are things that are meaningful to me and they motivate me to change my posture so much even when it's difficult.



And other times, the puck is on the other side of the rink and the goalie is in front of his goal all by himself. But out of nowhere, there is a breakaway. All of a sudden, the other team starts skating towards him, passing the puck back and forth to each other. They're moving really fast and they pass the halfway line. They keep passing the puck back and forth to each other, going past the defenders. And all of a sudden, it's just the goalie and the other team. One of them goes ahead and takes that slapshot. And this puck is made of rubber but hard as a rock and sometimes gets clocked at moving 80 miles an hour. This missile is flying right at the goalie. The impending pain is coming. If we were in this goalie's skates, we'd see that missile flying at us and we'd say, uh-uh, I'm out of here. And we'd jump out of the way because we don't want to feel the pain.



He persists in the service of his values.



But not this goalie, not this flexible goalie. He sees this flying missile coming right at him and he says, mm-mm, I'm not moving. I'm staying right here. I'm going to persist. And then boom, right to the chest, the puck hits him. And he feels the pain. He stays where he is. He doesn't get out of the way and has to feel pain because of it. And we might go up to the goalie at that point and say, why didn't you get out of the way? You're athletic enough to avoid this. And he might say, I persisted in the service of my chosen values. I care about sportsmanship. I care about athleticism. I care about the camaraderie with my teammates and providing for my family. Things that are important to me influence me to stick to it even if it's difficult.

## ACT Aims to Increase Psychological Flexibility

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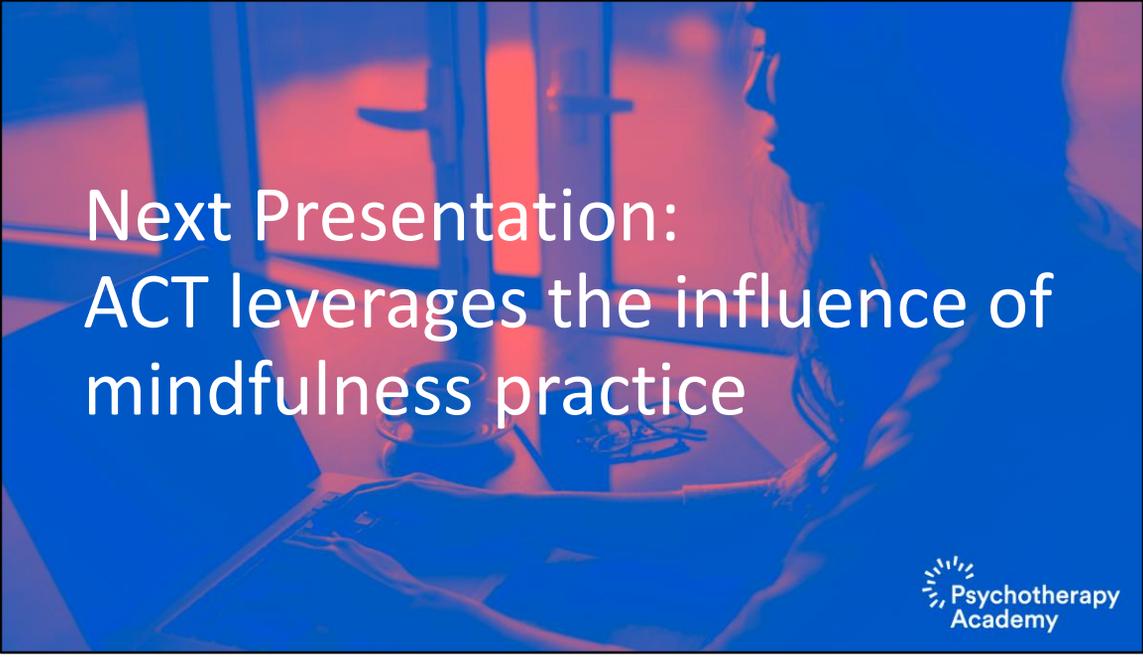


Sometimes you persist in your actions and sometimes you change your actions.

It all depends on the context and your values.



The hockey goalie metaphor gives us a solid understanding of what psychological flexibility is all about. Sometimes, you persist in your actions and sometimes you change your actions. It all depends on the context and your values.



Next Presentation:  
ACT leverages the influence of  
mindfulness practice

# ACT leverages the influence of mindfulness practice

Dr. DJ Moran

# Acceptance & Commitment Therapy



Based on empirically-supported principles



Aims to improve psychological flexibility



By leveraging the influence of mindfulness practice



While utilizing evidence-based, applied behavioral science

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Acceptance and Commitment Therapy is based on empirically supported principles aiming to improve psychological flexibility by leveraging the influence of mindfulness practice while utilizing evidence-based applied behavioral science. Let's take a look at the third clause of that definition.

# Mindfulness

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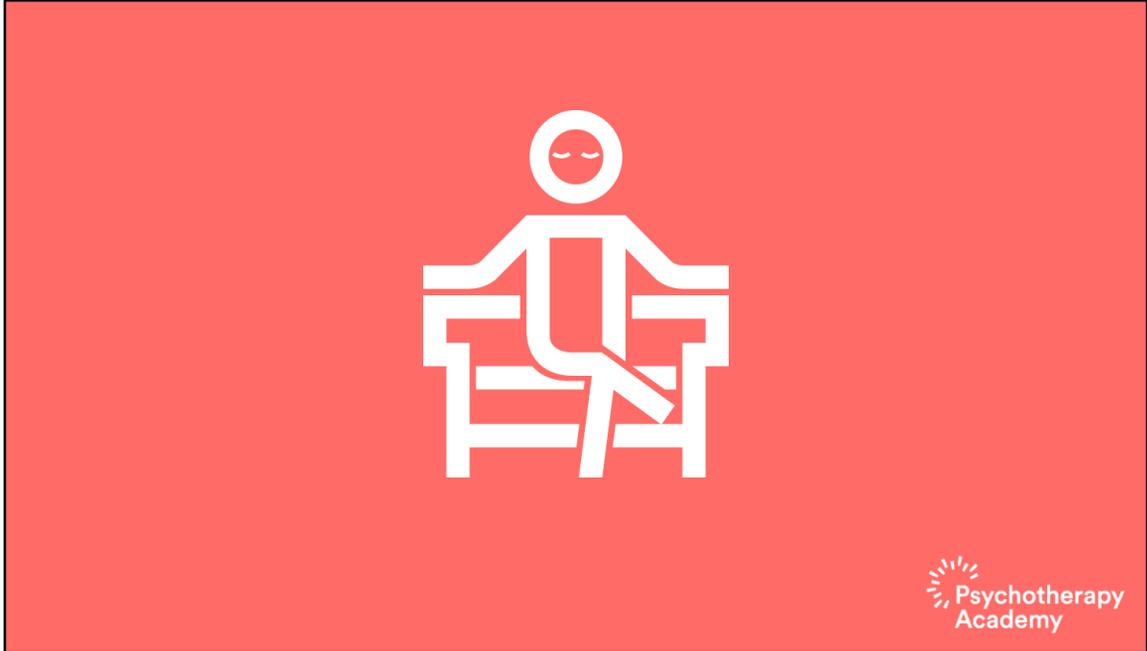


Learned by **experience**

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.  
Davis, D.M. & Hayes, J.A. (2012, July/August). What are the benefits of mindfulness. *APA Monitor on Psychology*, 43(7), 64.



Mindfulness practice is a critical part of the ACT model. Mindfulness is much easier learned by experience rather than simply talking about it. It's like learning how to ride a bike or make love. You can read about it and talk about it but the effects get acquired by actually doing it. So let's do it right now, a mindfulness exercise, I mean.



We've already done one in a previous module. So let's take a different approach. If you can do this, I hope you will join in. If you can, take a relaxed posture sitting in a chair and then a deep inhale and a slow exhale. If possible, close your eyes and make a commitment to do one thing, one, single, solitary behavior exclusively for the next few moments. I'm going to invite you to commit to sensing the chair.

Notice what it feels like to sit in that chair. Notice the temperature of the chair. Notice the pressure that the chair makes up against your body. Notice the shape that your body makes as it's losing contact of the chair. And see if you can recall the exercise, sensing the chair as a commitment to do that one, single, solitary behavior exclusively which means if your mind wanders and starts thinking about other things like what's going on later on today or what happened in the past or if you're judging this exercise, see if you can notice that your language, your mind took you to another place other than the here and now, other than following through on your commitment and see if you can just gently bring yourself back to your commitment for sensing the chair.

Now, maybe your languaging has happened again. Perhaps you're thinking about the future or the past or judging what's going on. And that's okay. That just shows that you have a working mind. The mind does that. But see if you can have a different relationship with these thoughts, with these private languaging. See if you can notice

whatever you've been thinking as if it were a cloud in the sky on a windy day and watch that thought cloud just blow on by. And then bring yourself back to your commitment to sensing the chair. Bring yourself back to sensing the chair. Let that thought go too and bring your attending back to the chair. Now, go ahead and take a nice full clean deep breath. And as you exhale, open your eyes.

What we just did there was another very simple mindfulness exercise. In this particular exercise, we changed the behavior being done. We changed the commitment from breathing to sensing.

And that's a component of mindfulness that we can embrace as practitioners

# Mindfulness



- Teaches how to focus on what's going on right here and right now
- **The present moment is when behavior happens**

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.  
Davis, D.M. & Hayes, J.A. (2012, July/August). What are the benefits of mindfulness. *APA Monitor on Psychology*, 43(7), 64.



We can do lots of different things mindfully. And what we're trying to do is teach people how to focus on what's going on right here and right now because the present moment is when behavior happens. And if we're in the practice of trying to help people become more psychologically flexible and change their committed actions, it's a good idea to supplement that endeavor with a mindfulness practice.

# Mindfulness



## Jon Kabat-Zinn:

The awareness that emerges through paying attention on purpose in the present moment and non-judgmentally to the unfolding of experience, moment by moment.

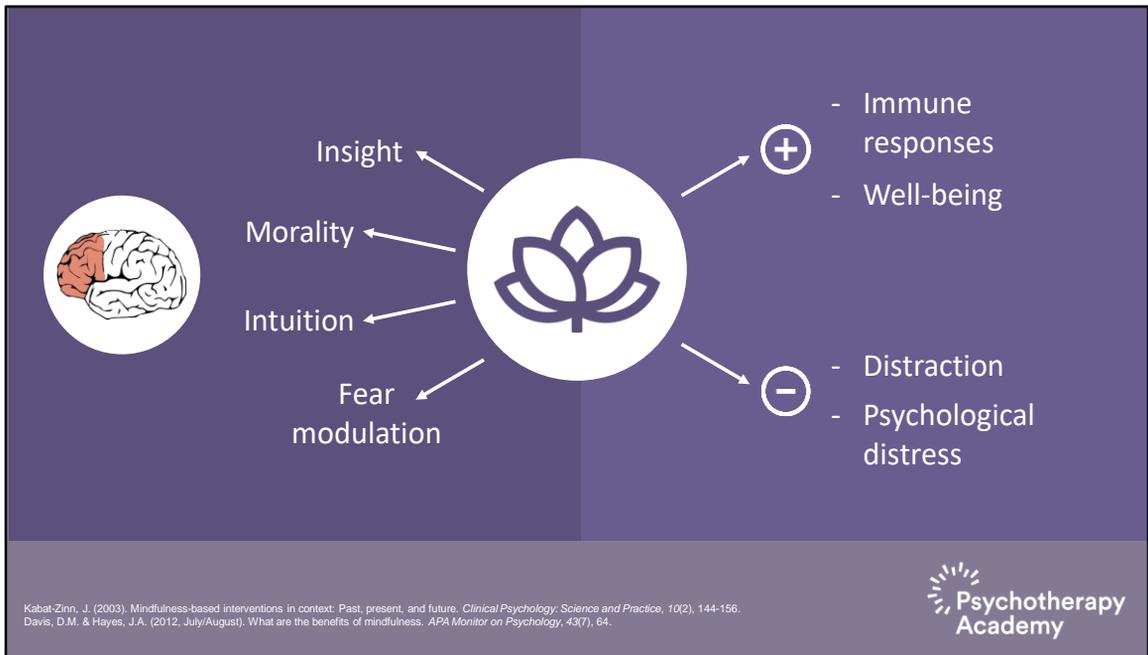
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Jon Kabat-Zinn, a western guru of mindfulness, pun intended there, he actually defined mindfulness as the awareness that emerges through paying attention on purpose in the present moment and non-judgmentally to the unfolding of experience moment by moment. And that's what we just did there. That exercise was trying to build awareness of you in contact with the chair by paying attention to the sensing, your interaction, your behavior interacting with the environment, doing that purposefully in the here and now. I instructed you during that exercise if you were thinking about the future or the past to bring yourself back to the current moment and if you have any judgments that you were supposed to let them go as if they were a cloud in the sky blowing on by and bring yourself back to your committed action. So we were doing mindfulness just like Jon Kabat-Zinn would have defined it.



Not only will mindfulness practice help build psychological flexibility which is part of our aim as acceptance and commitment therapists but mindfulness also has several benefits that were listed by the American Psychological Association. Mindfulness leads to stress reduction, improved working memory, reduced rumination, less emotional reactivity, more cognitive flexibility, relationship satisfaction.



It leads to better insight, morality, intuition and fear modulation. And all these functions are associated with the brain's middle prefrontal lobe area. Evidence also suggests that mindfulness meditation has other health benefits such as improved immune responses, improvement to well-being, less distraction and a reduction in psychological distress.

# Psychological flexibility

Traditions of mindfulness



Measurable utility

Solid treatment plan

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.  
Davis, D.M. & Hayes, J.A. (2012, July/August). What are the benefits of mindfulness. *APA Monitor on Psychology*, 43(7), 64.



As ACT therapists, our mindfulness teaching can help those particular aspects and it also is contributing to psychological flexibility.

We will discuss how this occurs in later modules. As we explore the ACT treatment module, you will begin to see the overlap between what we are doing clinically in ACT and the outcomes of mindfulness training. Mindfulness seems to be a very hot topic in the 21st century and rest assured that the ACT approach respects the traditions of mindfulness and also explores the measurable utility of such practices in order to functionally weave them into a solid treatment plan. We will continue to discuss the definition of ACT in the next modules.

## Key Points

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- Mindfulness practice is a critical part of the ACT model.
- Mindfulness: the awareness that emerges through paying attention on purpose in the present moment and non-judgmentally.
- It has many empirically supported benefits, not the least of which is building psychological flexibility.

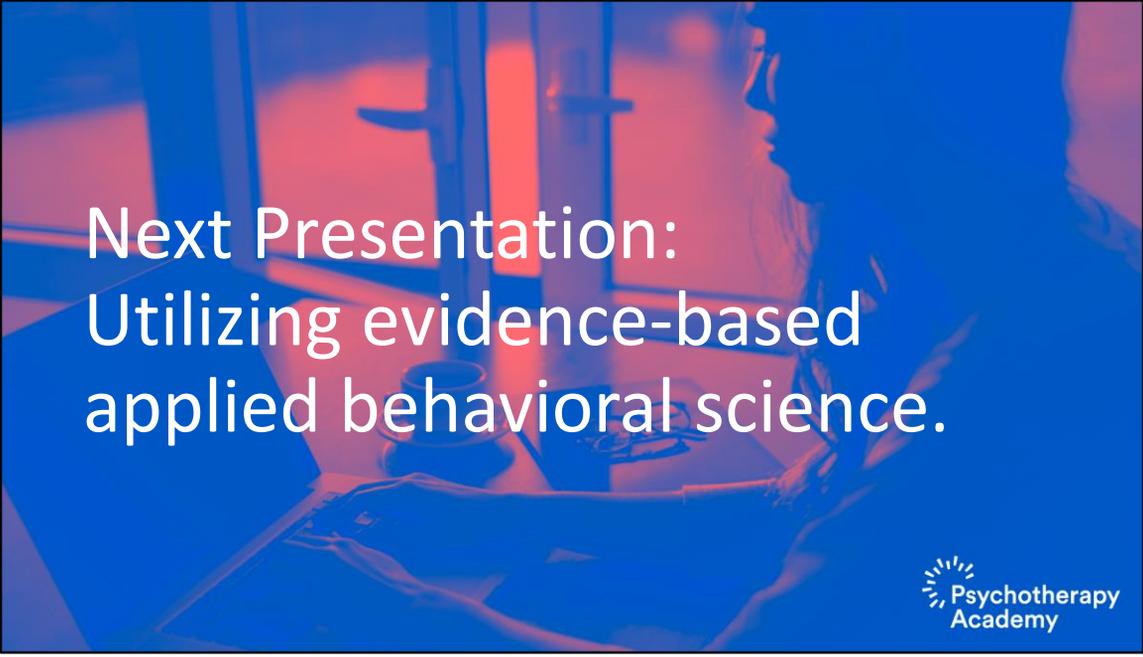


And, for now, let's review three key points from this module.

Mindfulness practice is a critical part of the ACT model.

Mindfulness is the awareness that emerges through paying attention on purpose in the present moment and non-judgmentally.

And mindfulness has many empirically supported benefits, not the least of which is building psychological flexibility.



Next Presentation:  
Utilizing evidence-based  
applied behavioral science.

 Psychotherapy  
Academy



# ACT utilizes evidence-based applied behavioral science

Dr. DJ Moran

# Acceptance & Commitment Therapy



Based on empirically supported principles



Aims to improve psychological flexibility



By leveraging the influence of mindfulness practice



While utilizing evidence-based applied behavioral science

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Acceptance and Commitment Therapy is based on empirically supported principles aiming to improve psychological flexibility by leveraging the influence of mindfulness practice while using evidence-based applied behavioral science. In this module, we will look at that final clause of the definition, that ACT utilizes evidence-based applied behavioral science. As mentioned, we will use mindfulness exercises to increase psychological flexibility but we're also going to use tried and true behavior change strategies as well.



An effective ACT therapist is integrative:

ACT applications



Other empirically supported treatments

Reid, A.M., Garner, L.E., Van Kirk, N., Gironda, C., Krompinger, J.W., Brennan, B.P., ... Elias, J.A. (2017). How willing are you? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder. *Depression and Anxiety, 34* (11), 1057-1064.



An effective ACT therapist is integrative. We'll use ACT applications to supplement other types of empirically supported treatments. We'll integrate other types of treatment into our ACT treatment plan. Quite often, traditional behavior therapy interventions and applied behavior analysis will be used.



## Behavior therapy:

Attempt to alter human behavior and emotion in a beneficial manner according to the laws of modern learning theory

**ACT can supplement those interventions**

Reid, A.M., Garner, L.E., Van Kirk, N., Gironda, C., Krompinger, J.W., Brennan, B.P., . . . Elias, J.A. (2017). How willing are you? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder. *Depression and Anxiety, 34* (11), 1057-1064.



You see, behavior therapy is defined as the attempt to alter human behavior and emotion in a beneficial manner according to the laws of modern learning theory. And if you are interested in trying to change people's actions and feelings in order to help them according to the latest research, I would argue that you are doing behavior therapy. You might protest and say, well, I do psychoanalysis or I do gestalt therapy. I don't want to get into a debate. I will just say that any effective therapy approach can be looked at from a natural science approach and that ACT can supplement those types of effective interventions.

## APA (Division 12): 81 empirically supported therapies

ACT for:



OCD



Chronic  
pain



Depression



Anxiety  
disorder



Psychosis

Reid, A.M., Garner, L.E., Van Kirk, N., Gironda, C., Krompinger, J.W., Brennan, B.P., . . . Elias, J.A. (2017). How willing are you? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder. *Depression and Anxiety*, 34 (11), 1057-1064.



The American Psychological Association's Society of Clinical Psychology, also called Division 12, created a list of evidence-based psychological treatments. You can go to their website, [www.div12.org](http://www.div12.org), and you will be able to find this list which includes 81 different empirically supported therapies. ACT accounts for five of them – ACT for obsessive-compulsive disorder, ACT for chronic pain, ACT for depression, ACT for mixed anxiety disorders and ACT for psychosis. So you can use ACT for those clinically relevant issues.

What about the other treatments?

Use them!

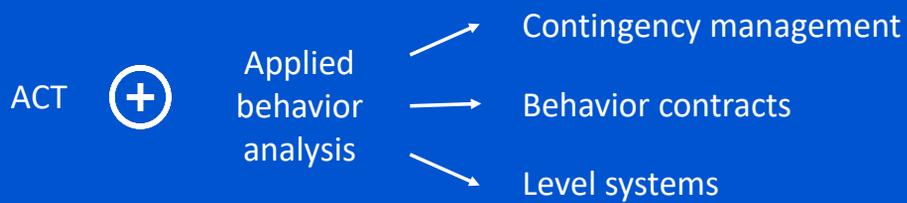


ACT will integrate them into the ACT model

Reid, A.M., Garner, L.E., Van Kirk, N., Girona, C., Krompinger, J.W., Brennan, B.P., . . . Elias, J.A. (2017). How willing are you? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder. *Depression and Anxiety, 34* (11), 1057-1064.



But what would an ACT supervisor say about those other 76 research-supported treatments on the APA's list? Well, an effective ACT supervisor would say use them. If you've done a solid functional analysis and good case conceptualization, see if the Division 12 list has effective interventions for the clinically relevant issue. And what ACT will do is integrate those empirically supported treatments into the ACT model. Mindfulness and other interventions that build psychological flexibility will supplement the evidence-based treatment plan. We will use different types of interventions.



Reid, A.M., Garner, L.E., Van Kirk, N., Gironda, C., Krompinger, J.W., Brennan, B.P., . . . Elias, J.A. (2017). How willing are you? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder. *Depression and Anxiety, 34* (11), 1057-1064.



In the ACT model, we might borrow from applied behavior analysis. We might use contingency management and behavior contracts in Acceptance and Commitment Therapy. We might use level systems in inpatient units.



For different types of clinically relevant concerns, we might use other traditional behavior therapy strategies. We might use flooding for anxiety, social skills training for interpersonal difficulties, behavioral activation for depression and exposure and ritual prevention for obsessive-compulsive disorder. We're going to take those interventions that have been shown to work for clients but we will also understand that not all therapies are going to be effective for everyone at every time. So what we're going to try to do is supplement those evidence-based approaches with the ACT model.

# How Willing Are You?

Willingness



Predictor of **change** in  
OCD patients



Is willingness during ERP associated with improved treatment response?

Reid, A.M., Garner, L.E., Van Kirk, N., Girona, C., Kropfing, J.W., Brennan, B.P., . . . Elias, J.A. (2017). How willing are you? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder. *Depression and Anxiety*, 34 (11), 1057-1064.



Let's take a look at some research on how components of Acceptance and Commitment Therapy get integrated into empirically supported treatments. In one particular article by Reid and others from 2017 entitled "How Willing are You? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder," the authors understood that exposure and ritual prevention is an effective treatment for these individuals with OCD. But they also understood that a substantial number of individuals with obsessive-compulsive disorder do not fully respond to the intervention. Based on their experimental and clinical research on acceptance, they decided to explore whether willingness to experience unpleasant thoughts, emotions and bodily sensations during ERP would be associated with improved treatment response.

## How Willing Are You?



288 adults



ERP



Willingness



Faster  
symptom  
reduction

Reid, A.M., Garner, L.E., Van Kirk, N., Girona, C., Krompinger, J.W., Brennan, B.P., . . . Elias, J.A. (2017). How willing are you? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder. *Depression and Anxiety*, 34 (11), 1057-1064.



These researchers had 288 adults with obsessive-compulsive disorder who were receiving residential exposure and ritual prevention interventions. And they also provided those folks self-rated willingness scales.

And what they found was that individuals with higher willingness during the exposure and ritual prevention reported faster symptom reduction during residential treatment even when controlling for things like the length of stay, psychopharmaceutical interventions, what kind of depression scores the client has had, treatment adherence and even what kind of rituals were being performed during the exposure and ritual prevention. The researchers found that their results had both statistical and clinical significance.

This research project shows us how important the outcomes of mindfulness training and Acceptance and Commitment Therapy can influence exposure and ritual prevention. Empirically supported treatments can be helped with an ability to increase one's own willingness to be a part of this therapeutic endeavor.

ACT will supplement therapeutic approaches by increasing:



Psychological  
flexibility



Willingness



Mindfulness

Reid, A.M., Garner, L.E., Van Kirk, N., Gironde, C., Krompinger, J.W., Brennan, B.P., . . . Elias, J.A. (2017). How willing are you? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder. *Depression and Anxiety*, 34 (11), 1057-1064.



ACT will take therapeutic approaches that are evidence based and supplement them by increasing psychological flexibility, willingness and mindfulness.



Traditional behavior therapy interventions can be accelerated with the use of ACT

Reid, A.M., Garner, L.E., Van Kirk, N., Gironda, C., Krompinger, J.W., Brennan, B.P., . . . Elias, J.A. (2017). How willing are you? Willingness as a predictor of change during treatment of adults with obsessive-compulsive disorder. *Depression and Anxiety, 34* (11), 1057-1064.



All told, traditional behavior therapy interventions that we know work can be accelerated with the use of Acceptance and Commitment Therapy.

## Key Points

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- Division 12 – APA: ACT is an evidence-based psychological treatment.
- ACT will use other empirically supported treatments in order to assist clients in reducing suffering and improving quality of living.
- The ACT components can be used to supplement those other types of treatments.



Let's look at 3 key point from this module.

According to the Division 12 of the American Psychological Association, ACT is an evidence-based psychological treatment.

ACT will use other empirically supported treatments in order to assist clients in reducing suffering and improving quality of living.

The ACT components can be used to supplement those other types of treatments.



Next Presentation:  
Introducing the ACT Hexagon

# Introducing the ACT Hexagon

Dr. DJ Moran

# Acceptance & Commitment Therapy



Based on empirically supported principles



Aims to improve psychological flexibility



By leveraging the influence of mindfulness practice

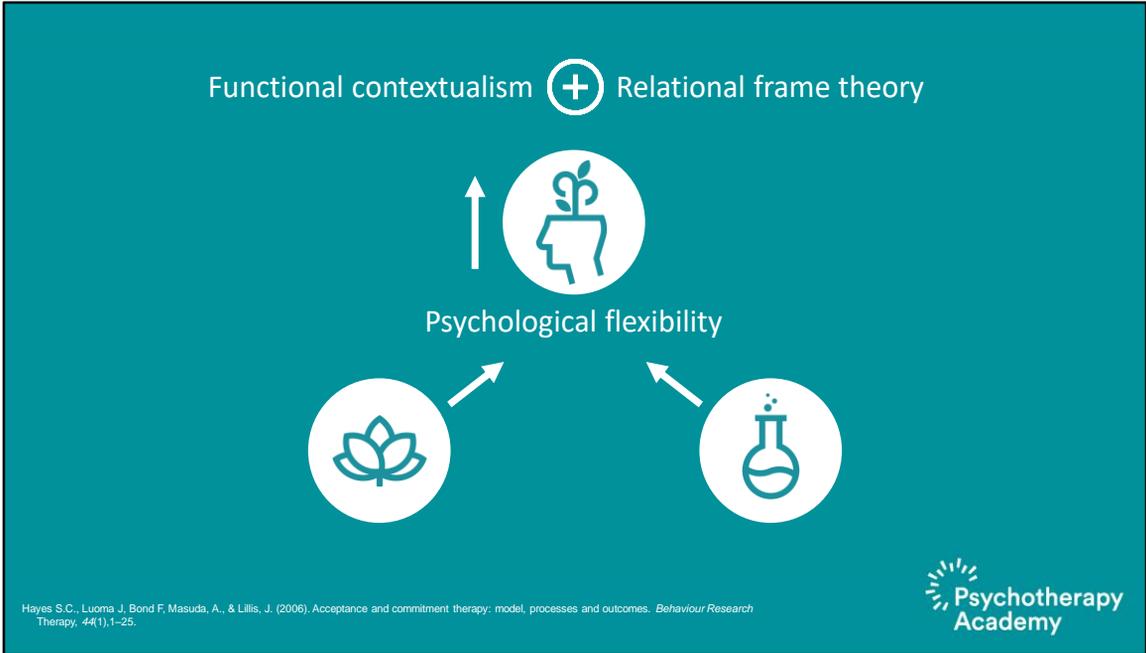


While utilizing evidence-based, applied behavioral science

Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. NY: Guilford Press.



Acceptance and Commitment Therapy is built on empirically based principles aimed to increase psychological flexibility using a mindfulness-based approach with behavior change strategies. We've said that several times in this training and it bears repeating.



Acceptance and Commitment Therapy is built on functional contextualism and relational frame theory and aims to increase psychological flexibility while using mindfulness interventions during empirically supported treatment plans. There are many different ways to discuss ACT.

# ACT Hexagon Model

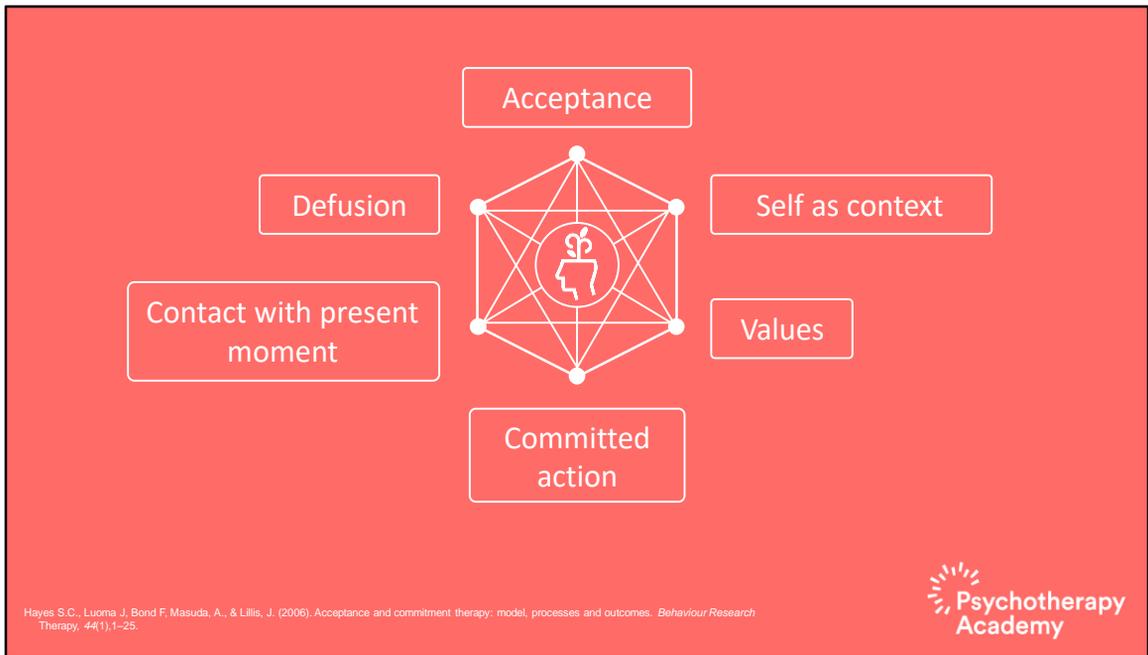


Six-point approach to discuss the components that lead to greater psychological flexibility

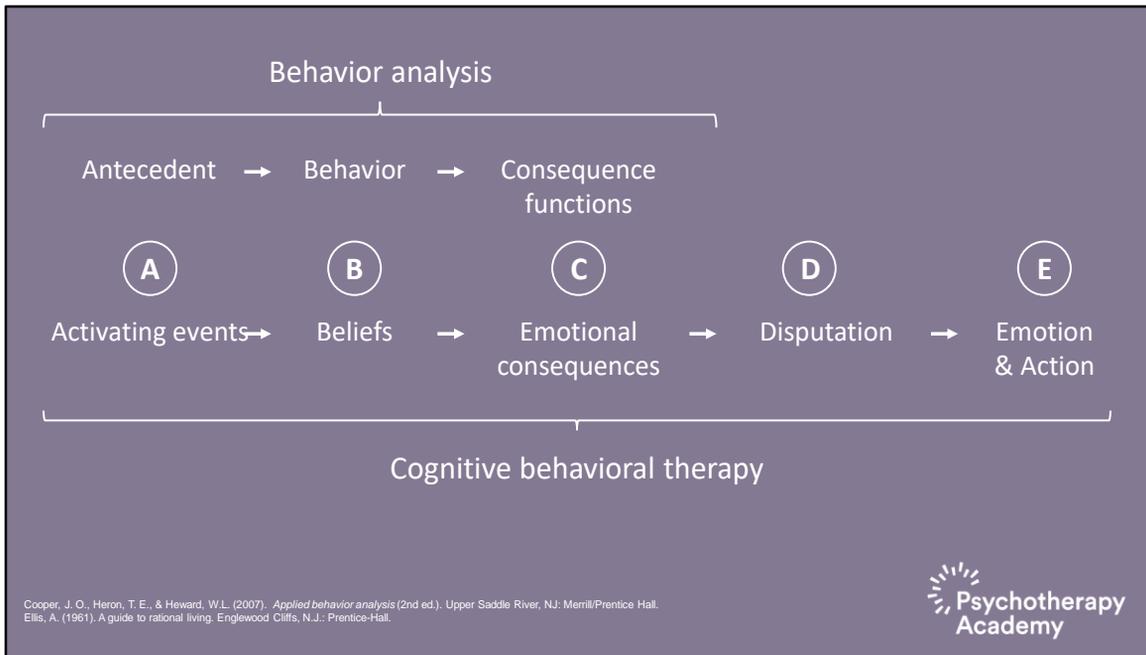
Hayes S.C., Luoma J, Bond F, Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: model, processes and outcomes. *Behaviour Research Therapy*, 44(1),1–25.



And one traditional introductory approach to the therapy is to use the ACT hexagon model. Steve Hayes and fellow behavioral scientists developed this six-point approach to discuss the components that lead clients to greater psychological flexibility.



The ACT community embraces the idea that Acceptance and Commitment Therapy establishes greater psychological flexibility primarily through acceptance, defusion, establishment of a transcendent sense of self otherwise known as the self as context, contact with the present moment, values and building larger and larger patterns of committed action linked to those values. These six components form the ACT hexagon model which is sometimes humorously referred to as the hexaflex model because it is the hexagon that leads to flexibility. Please take a look at this conventional ACT hexagon model.



And keep in mind that ACT comes from the foundation of behavior analysis and resides in the realm of cognitive behavioral therapy. Both behavior analysis and cognitive behavioral therapy are traditionally linear in their basic models. For instance, behavior analysis provided the historical context for ACT and the typical behavior analyst takes a look at the study of behavior through an ABC model. Traditional behavior analysts talk about the antecedent-behavior-consequence functions. A is followed by B which is followed by C. Antecedents set the occasion for behavior to occur. And after the behavior, a consequence will make it more or less likely for that behavior to happen again. This is a linear process. And if you look at traditional CBT models, they are often linear models as well. For instance, Albert Ellis, one of the chief pioneers of CBT, the developer of Rational Emotive Behavior Therapy, forwarded an ABC model as well. REBT assumes that there are activating events that elicit beliefs that are followed by emotional consequences. If something happens in the environment that is aversive, it can be an activating event that leads to an irrational belief which can lead to clinically relevant emotional consequences. In REBT treatment, this is to be followed by disputation in order to lead to effective emotion and action. So this is actually an ABCDE model. Again, very linear. And Acceptance and Commitment Therapy comes from both traditional behavior analysis and is part of the CBT community.

## ACT

No specific beginning or ending point



None of the components are more important  
than the other ones

Moran, D. J. (2015). *Using the Mindful Action Plan to accelerate performance in the workplace*. Invited address at the Association for Contextual Behavioral Science Southeast Conference in Lafayette, LA.



But look at the ACT model. It isn't a linear model. It is a circular model. You can joke around with me and say, it isn't a circular model. It's a hexagonal model. And I'd laugh and have to agree. But in Philosophy, when we talk about circular models, we're highlighting that a method doesn't have a specific beginning point or ending point. And let's highlight that all the points on this model are equidistant from the center. So none of the components are more important than the other ones. The reason I'm highlighting this idea is not just to make an academic point about the history of ACT or to make a philosophical point about the model but to emphasize two important application ideas.

## 1. Model the Model of Flexibility



Observe clinically relevant concerns as they show up



Flexibly move through the model to address them

Moran, D. J. (2015). Using the Mindful Action Plan to accelerate performance in the workplace. Invited address at the Association for Contextual Behavioral Science Southeast Conference in Lafayette, LA.



One is that as you start to do the therapy, you will not likely access treatment plans or develop treatment plans that say, in session one, we'll talk about defusion and in session two, we'll cover values and in session three, we'll talk about self as context and so on. Could you imagine trying to help a client build psychological flexibility with such a rigid and inflexible treatment plan? In ACT, the therapist is going to model the model. In other words, you as the clinician will perform ACT more effectively if you observe your client's clinically relevant concerns as they show up in the therapy room and then flexibly move through the model to address whatever is showing up in the present moment. You flexibly model the model of flexibility.

## 2. Model the Model of Mindfulness



Be in the here and  
now



Focus on the  
behaviour

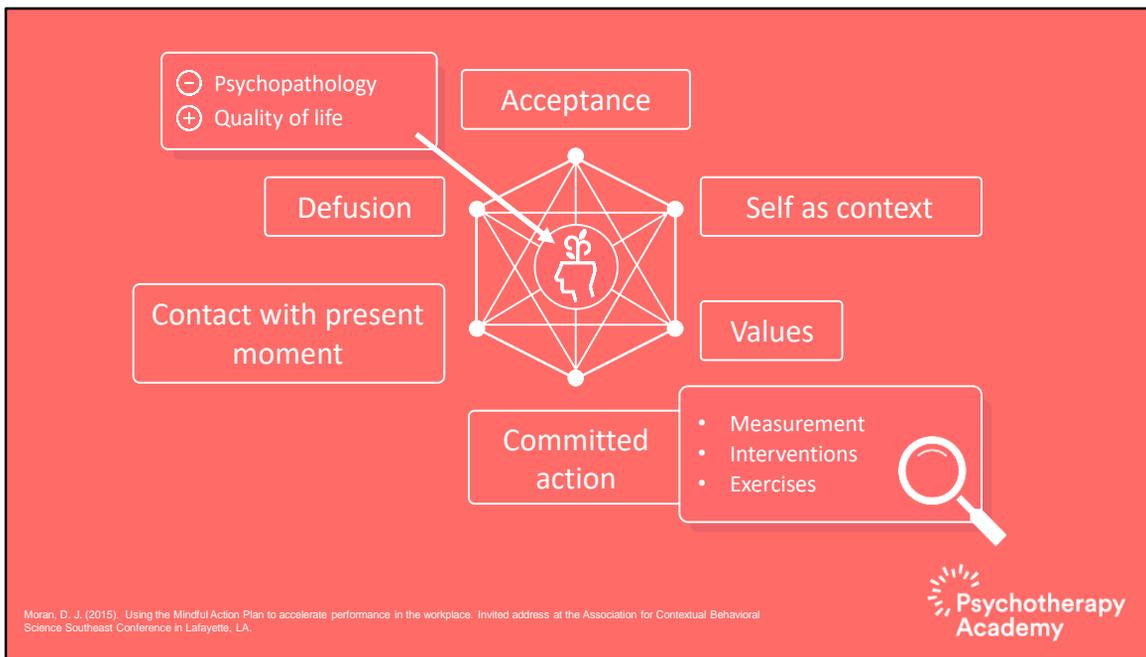


Address any clinical  
issues

Moran, D. J. (2015). Using the Mindful Action Plan to accelerate performance in the workplace. Invited address at the Association for Contextual Behavioral Science Southeast Conference in Lafayette, LA.



I mentioned that there are two important application ideas. The second idea is that being able to effectively model flexibility will require your own mindfulness skills. If you are going to effectively respond to your client, it will help a great deal if you work on contacting the present moment as regularly and fluidly as possible. You will once again be called on to model the model. Clients may regularly bring up new topics and issues that contribute to their own psychological inflexibility. It is incumbent on the therapist to be in the here and now. Focus on the client's verbal behavior and overt behavior and then address any clinical issues that come up with one of the points on the hexagon model. You mindfully model the model of mindfulness. It will be helpful for the client to see your commitment to flexibility and mindfulness.



Each one of these ACT components, acceptance, defusion, self as context, contact with the present moment, values and committed action, each one of them have their own way of being measured and each of them have different interventions and skills building exercises. And this is a situation where the whole is greater than the sum of the parts. ACT utilizes these six components to blend together and increase psychological flexibility for the client. And if you recall from a previous video, the more psychologically flexible you are, the lower your scores are on measures of psychopathology and the higher your scores are on quality of life inventories. We'll walk through each one of these six components in the next two modules. But before we do a deeper dive into the details of the ACT hexagon model, it is important to highlight several ideas that have yet to be mentioned.



The hexagon model is only one approach



First, the ACT hexagon model is not the only way of talking about Acceptance and Commitment Therapy. There are other approaches such as the mindful action plan, the choice point, the DNA-v model and the ACT matrix just to name a few. So as you continue to explore Acceptance and Commitment Therapy, you will see it is a robust therapeutic endeavor with diverse ways of leading to psychological flexibility.

## ACT embraces solid clinical skills



Empathy



Self-compassion



Collaborative  
stance



Self-disclosure



Second, ACT embraces solid clinical skills in order to assist clients in developing psychological flexibility. We will not spend too much time on these concepts in this training but understand that there is an assumption that clinicians will have empathy for their clients, teach concepts like self-compassion and show unconditional positive regard with an equal collaborative stance rather than an authoritative stance. The therapist will meet the client where they are at and not force the hexagon exercises on the client in some kind of problematic manner. Self-disclosure might also be a part of the therapy if the clinician is ready for such a therapy move. We would want to demonstrate in session the oft used phrase in the ACT community that we all swim in the same soup

Every person needs help dealing with the human condition



**A psychologically flexible therapist is likely to be more effective**

Moran, D. J. (2015). Using the Mindful Action Plan to accelerate performance in the workplace. Invited address at the Association for Contextual Behavioral Science Southeast Conference in Lafayette, LA.



or in other words, every person needs help dealing with the human condition which leads to the third point.

It will be very helpful if you, the consumer of this training, could start to embrace these concepts and apply them to your own issues. A psychologically flexible therapist is likely to be more effective not just through modeling the approach but in actually executing the applications with the client as well.

# ACT Hexagon Model



More in Modules 2 & 3!

Hayes S.C., Luoma J, Bond F, Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: model, processes and outcomes. *Behaviour Research Therapy*, 44(1),1–25.



In modules 2 and 3, we will introduce the six essential components from the ACT hexagon and bring them all together to show how they facilitate each other in order to accelerate psychological flexibility.

I thank you very much for completing module 1 of the Demystifying ACT.



Before moving to module 2 or prior to taking a break between trainings, I'm going to invite you to center yourself with a closing mindfulness exercise. Take a nice clean full breath. And if it is safe to do so during your next exhale, close your eyes. And for the next few moments, I'll ask you to stay committed to attending to your breath. Notice what it feels like to inhale and exhale. Notice the rise and fall of your chest, the coolness of the air as you inhale and how it is warmer when you exhale. And if any thoughts come up that distract you from such a simple present focused commitment, I'll simply ask you to gently bring your attention back to the invitation to attend to what you are doing in this present moment. Breathing. And I will invite you to take this same approach to any other behaviors you do after this training is over. Invite yourself to be fully in the present moment committed to your important actions and simply aware of but not distracted by any thoughts or emotions you're experiencing. And now, I will invite you to take another full clean deep breath. And when you exhale, open your eyes and prepare to be psychologically flexible as you go about your day.

## Key Points

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- Focus on the traditional introductory approach using the ACT hexagon model.
- ACT's hexagon model is non-linear; it is used flexibly.
- ACT is applied within the framework of good, solid therapeutic relationships.



There are 3 key points in this video.

1. There are many different ways to discuss Acceptance and Commitment Therapy but this training will focus on the traditional introductory approach using the ACT hexagon model.
2. Acceptance and Commitment Therapy's hexagon model is non-linear, meaning that it is used flexibly depending upon what is showing up in the room with the client's clinically relevant concern and such fluid usage will benefit from the clinician being more mindful of the present moment themselves.
3. ACT is applied within the framework of good solid therapeutic relationships. And therefore, what you do as a therapist as long as it is effective is likely to blend very well with the Acceptance and Commitment Therapy model.