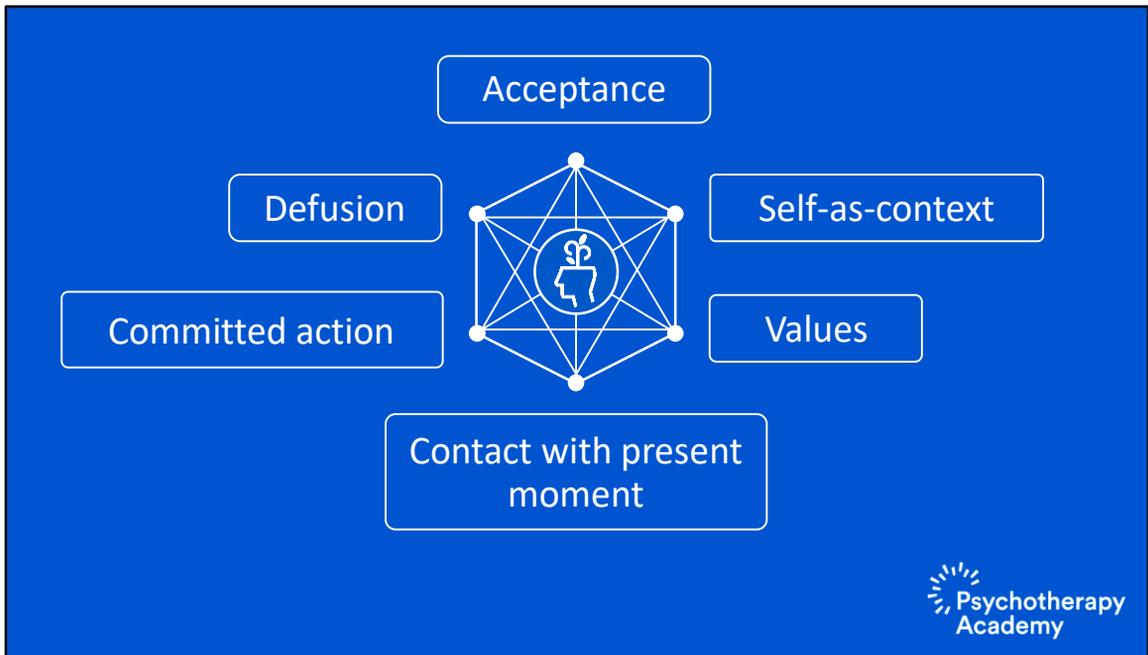




Contact with the present moment

Dr. DJ Moran

Welcome to Module 3 of Demystifying ACT. My name is DJ Moran and in this module, we will be covering the ACT Hexagon Part 2.



This ACT hexagon model is traditionally used to introduce practitioners to Acceptance and Commitment Therapy. There are six essential components to the ACT approach and they are integrated together to help build psychological flexibility. These six components are acceptance, defusion, self-as-context, contact with the present moment, values and committed action. In this module, we will discuss the latter three, contact with the present moment, values and committed action.

Contact with the present moment



- All of life is experienced in the present moment
- NOW is the only time behavior occurs



Let's turn to contact with the present moment now. Being in the here and now is where behavior occurs. All of life is experienced in the present moment. One reason why we teach mindfulness exercises in Acceptance and Commitment Therapy is not because we're trying to convert people to become Eastern philosophers or spend their day meditating but for a very practical purpose because now is the only time behavior occurs. You can't behave tomorrow. You can't behave yesterday. You can't behave in five minutes or five minutes ago. Now is the only time action happens. I understand you might be thinking, well, I'll be behaving in five minutes from now. And I'll challenge you to set your timer on your smartphone to go off in five minutes. And then when you're doing whatever behavior you plan on doing, I'll ask you, are you doing that behavior now or in five minutes? As far as engaging in life with our own actions, the present moment is the only time where behavior happens.



Our language takes us away from experiencing the here and now fully.

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



But the problem is that our language which we keep promoting as very useful but also occasionally problematic, our language takes us away from experiencing the here and now fully because it is often about there and then. Our mind which is just a metaphor related to our own private verbal behavior or language, our mind tends to think about what could be going on there and then 47% of the day. That data comes from Killingsworth and Gilbert, 2010. According to some research, people are thinking about other things rather than what they are doing in the here and now for almost half of the day.

Functional contextualism



Is that a problem?



How does it function in the current context?



Planning the future and remembering the past can be helpful



Is that a problem? Well, recall that ACT comes from the philosophy of functional contextualism. So we'll decide if the behavior is a problem or not by looking at how it functions in the current context. Sometimes, human beings are not attending to what is going on in their current environment or to what they are doing. Sometimes, they are planning what they will be doing in the future or reminiscing about the past. Is that a clinical problem? Arguably, it isn't necessarily a problem. As long as it is functional in the context, planning the future and remembering past events can be very helpful.

So when the mind, so to speak, is not in the here and now for those moments, it isn't clinically relevant.

A life well lived



Clinical issues because of excessive worry about the future and rumination about the past



Life well lived: Engaging in behaviors at the service of chosen values



Until it becomes a clinical issue because excessive worrying about the future and ruminating about past events can be significantly clinically problematic and drain away moments of a life well lived.

And when I mention a life well lived, please interpret that as engaging in overt measurable behaviors that are in the service of chosen values, the two other components for this module.

Contact with the present moment in ACT



- Mindfulness exercises:

Extend the duration of attending to the current moment



In ACT, we encourage people to build up skills for contacting the present moment by doing mindfulness exercises because mindfulness exercises can be perceived as helping people extend the duration for how long they will be attending to the current moment. To put it another way, mindfulness practice helps people practice the skill of noticing thoughts that have nothing to do with the commitment that they've made to attend to something in the present moment.

In the next video, we will cover a mindfulness exercise. And even though you'll be invited to commit to the experience as fully as you can, please notice that in this particular exercise you'll be making a commitment to do a behavior and stick to that behavior even if thoughts and emotions seem to pull you away from your commitment.

Key Points

- Contacting the present moment is an important skill because being in the here and now is where behavior occurs.
- People are not in the here and now for 47% of the day.
- Mindfulness practice helps people be in the present moment, reducing the impact of there and then thoughts.



Before we move on, there are 3 key points in this video.

One, contacting the present moment is an important skill because being in the here and now is where behavior occurs. Everything we experience in life is in the present moment.

Two, according to some research, people are not in the here and now for 47% of the day.

And three, mindfulness practice helps people be in the present moment and can be looked at as exercises that assist the practitioner in reducing the impact of there-and-then thoughts so they can continue following through on their chosen commitment in the here and now.



Next Presentation:
Contact with the present
moment - Part II

Contact with the present moment - Part II

Dr. DJ Moran



Please put yourself in a comfortable seated position in a chair. And then go ahead and take a nice full, clean, deep breath. And as you exhale, close your eyes or affix your gaze on some part of the room. What I'm going to invite you to do is to make a commitment. Make a commitment to do one thing, one, single, solitary behavior exclusively over the next few moments. And this commitment is to attend to what it feels like to sit in your chair. Notice the temperature of the chair. Notice the shape that your body makes as it loses contact with the chair. And recall the exercise to do one, single, solitary behavior exclusively. Attend to sensing the chair. So if thoughts come up that have nothing to do with attending to the chair, see if you can just simply bring your attention back to the chair. Maybe some thoughts came up. Maybe you're wondering, when is this exercise going to end? And you're thinking about the future or this doesn't seem like other mindfulness exercises that I've learned. And you're thinking about the past.



That happens. That just shows that you have a working mind. But see if you can have a different relationship with those kinds of thoughts that take you away from the commitment of attending to the chair. See if you can notice that if you're having any thoughts that have nothing to do with your commitment that they're just simply like clouds in the sky on a windy day and watch them go on by and bring yourself back to your commitment to attending to the chair. Maybe some other thoughts have come up and that's naturally going to happen. Mindfulness is not about not thinking but rather relating to thinking differently. So when the next thought comes up, just imagine that it is like a cloud in the sky on a windy day and just watch it pass on by and then bring yourself back to the commitment you made, attending to your body sensing the chair right here, right now. Let that thought go too. Any irrelevant thought to the exercise, to the commitment, you could just look at it as if it were distant like a cloud in the sky separate from you and moving away while you bring yourself back to the current commitment, following through on a commitment that you made, sensing the chair. Bring yourself back to the current moment by following through on the commitment of sensing the chair right here, right now.

Key Points

- Mindfulness exercise: Make a commitment.
- Notice distractions; go back to your commitment.



And as we end the exercise, please notice that what you have been doing in this traditional mindfulness exercise is also teaching yourself the skill to make a commitment. And when distractions happen, you can just simply notice them from a different perspective and bring yourself back to following through on your commitment. And go ahead and take a nice, full, clean, deep breath. And when you exhale, open your eyes.



Next Presentation:
Contact with the present
moment - Part III

Contact with the present moment - Part III

Dr. DJ Moran

Mindfulness exercises invite you to:



Make a behavioral commitment



Attend to that commitment even in the presence of obstacles



Notice private events while bringing your attention back to your commitment in the present moment



Many mindfulness exercises like the mindfulness exercise we just performed in the last video invite you to make some kind of behavioral commitment. Sometimes, it is following your breath as in the exercise we did in the earlier module or sensing the chair like we did in that last video. If you're doing yoga poses or tai chi movements, they're all taught to be done by contacting the present moment by following through on a behavioral commitment and to make that commitment something that you focus on or attend to even in the presence of obstacles such as distracting thoughts, stressful emotions or uncomfortable sensations and just to simply notice those types of private events and not get hooked by them but to let them simply be while bringing your attention back to your commitment in the present moment.

Mindfulness is a practical skill that can be generalized to other situations



See if you can recognize that as a very practical skill that can be generalized to other situations. Perhaps you can perceive mindfulness exercises as a way for clients to practice the skills they need to deal with clinically relevant issues. What if mindfulness practice helps build up the skills to simply notice depressive self-denigrating thoughts or to gently notice stressful urges to wash one's hands over and over and over again or to simply be with and not get hooked by uncomfortable sensations like the impulse to pour another shot of whisky? Hopefully, you can see the practical application of mindfulness exercises with the examples of depression, OCD and substance abuse right there. Mindfulness can be helpful for lots of different clinically relevant concerns.

Key Points

- Mindfulness practice calls to select a behavior and commit to doing it, even if private obstacles arise.
- Mindfulness exercises encourage participants to develop a new relationship with these private events.
- An ACT therapist can utilize these practices to have the client's mindfulness skills generalize to more clinically relevant areas.



There are 3 key points to this video.

One, mindfulness practice often calls on the participant to select a behavior and commit to doing it even if private obstacles arise such as emotions or thoughts.

Two, mindfulness exercises often encourage participants to develop a new relationship with these private events so that they are not as influential and do not diminish the person's ability to follow through on their commitment.

And three, an ACT therapist can utilize these practices in the aim to have the client's mindfulness skills generalize from the practice itself to more clinically relevant areas in their life such as dealing with anxious thoughts, problematic urges and stressful emotions.

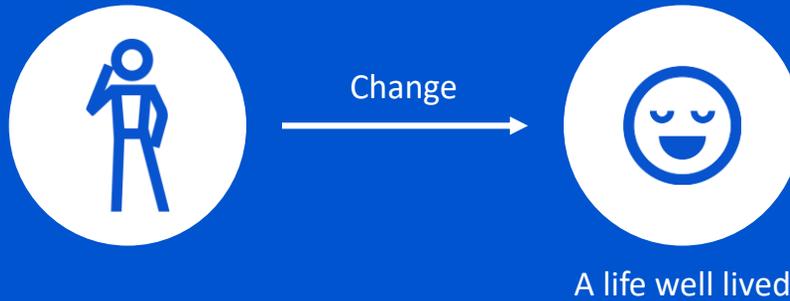


Next Presentation:
Values - Part I

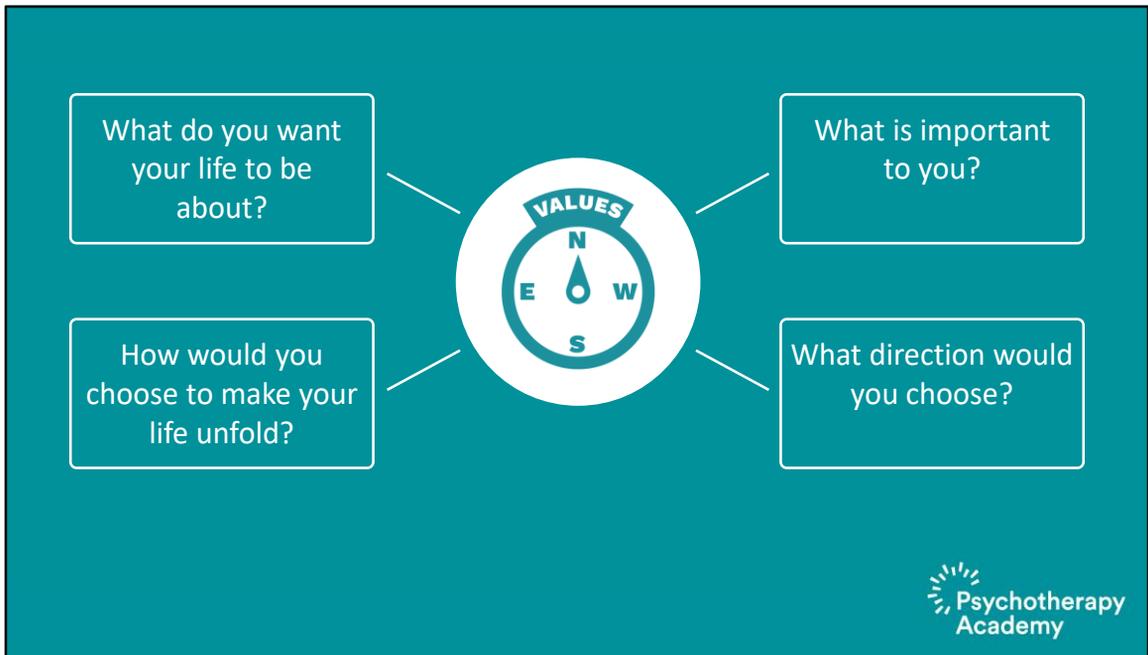
Values - Part I

Dr. DJ Moran

Values work is crucial in ACT



Values clarification work is crucial to Acceptance and Commitment Therapy. An ACT therapist will engage the client in discussing the vital and personally meaningful aspects of their own life. This is a part of the model where the therapist is not trying to undermine unhelpful language processes but rather leverage the power of language to help behavioral change in the direction of purpose to have a life well lived.



These discussions can start with simple questions such as: What do you want your life to be about? What is important to you? Since you are going to live on this planet for a finite period of time, how would you choose to make your life unfold? You can't choose everything that happens to you and you can choose how you will act in different situations. If you look at life as a journey, in what direction would you choose to go on this journey?



Values are chosen life directions.

The journey of life metaphor can be helpful to clarify those values.



Values are often considered chosen life directions and the journey of life metaphor can be helpful with clients to start to clarify their own values. The clinician might bring up the topic of values by saying, I know you are struggling with the motivation to change some of the problematic behaviors that you came to see me about and I want to talk to you about your values. You see, I'd like us to discuss the important aspects of your life. What motivates you? What's important? And there's a good reason for the therapist and the client to talk about this.



If you're alive, you
have to behave



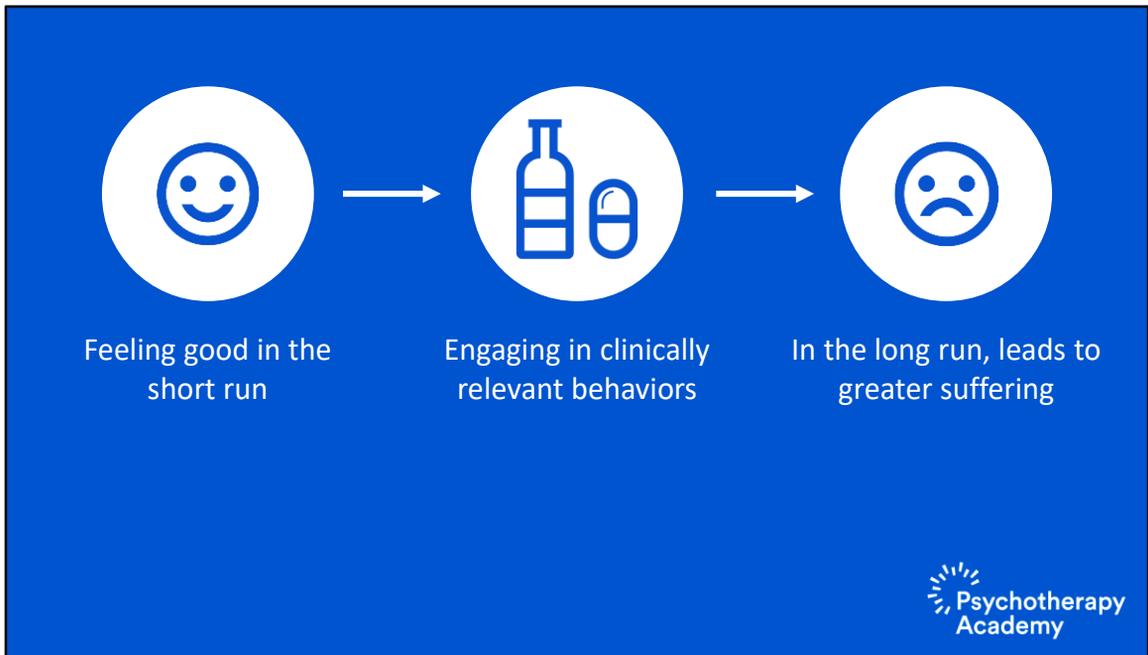
You have to make
choices



What are you
going to make
those choices
based upon?

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You see, as long as you're alive, you have to behave. And if you're going to behave, you have to make choices. And if you're going to make choices, the question is: What are you going to make those choices based upon? The ACT therapist is drawing the client into a discussion about values with these statements and questions. And they continue talking.



The ACT therapist says, I believe you've been making the choices in your life based on feeling good in the short run. Your clinically relevant behaviors that you want treatment for actually have short-term rewards. When you engage in these problematic behaviors, you get to escape pain in the short run or feel good in the here and now but just for a few moments. In the long run, what is actually happening? Most clients would admit that their problematic behaviors such as taking a drink of scotch if they're alcoholic or avoiding people if they are socially phobic or yelling at their spouse if they are struggling with anger management issues, they'll admit that it might feel good in the short haul but in the long haul, it is adding up to lead to greater suffering.



**What do you want your life to
be about?**



And then the therapist can ask: What is it that you want your life to be about? Short-term feel good instances? Or do you want something bigger, better, more meaningful in your life? My question to you is: How do you want your life's journey to unfold? Because if you care about having a vital life, you need to start to articulate what is important to you during your one precious life.

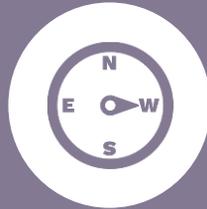


You get to choose the direction of your journey and develop goals in that direction.



For instance, let's imagine you're on a journey, life's journey. And every journey requires that you move forward step by step, moment by moment. And the cool thing is you get to choose a direction for each step, north, south, east, west. There isn't a right step to take, just a chosen step. And this is entirely up to you. Now, let's say you and I discuss all the ways to direct your behavior and you end up saying, I want to go west with my life. I'll shake your hand and congratulate you on making a choice. And then we'll start to talk about goals. At this point, the ACT therapist is bringing up the helpful plan of having treatment goals for therapy and they're weaving in the idea that these goals should be personally meaningful if it's going to be helpful to them. The therapist may continue, since you've chosen going west with your life, we're going to develop some goals that are in the direction of west. Leaving from here and since our office is in Chicago, we have to come up with a goal to show that you're moving west.

Client, what would be a good goal to show that you are moving west? The client might pick Helena, Montana because that is a westerly goal. Fine, says the therapist. Go ahead and take your journey.



**Just because you reached a goal does not mean
you have accomplished your value.**



Maybe you might start walking and driving in a westerly direction of values-based direction and you keep going in the direction of west and you're going to know that you've been moving in a value-based direction as you're heading towards Helena, Montana. And when you get to Helena, Montana, are you at west? No. The answer is no. They aren't at west. They're more west than they began but just because you reached a goal does not mean you've actually accomplished your value. There's still more west to go.



You can choose goals to help direct your behavior in the service of your chosen value.



So maybe we'll have to work on another goal. So the client might choose to go to Seattle, Washington because that is another westerly goal. And then they're going to walk or drive to continue to go west which is valued to them but they're going to have an aim to reach the goal of Seattle, Washington.

When they arrive, have they arrived at west? No. West is a direction. It's not something you can arrive at. You never achieve your values. There are always more opportunities to act in a value direction since you care about that value. But you can choose goals to help direct your behavior in the service of your chosen value. Now, the person has arrived at Seattle, Washington. So they met their goal and they're going to come up with another goal.



What new behaviors will you try in order to head in a valued direction?



So they decide to choose Moscow. And this point, Moscow is in a westerly direction but they can't do what they've done before. They can't walk and drive from Seattle to Moscow. They have to do something different. They have to be psychologically flexible. They have to change their behavior in the service of chosen values. You see, to get from Chicago to Helena and Helena to Seattle, they had to persist in their behaviors of walking and driving. But now, that has to change. We have to be psychologically flexible with the client and say, what new behaviors are you going to do in order to head in a valued direction? And a new behavior might have to be developed. The client has to get a swimsuit or a row boat or a kayak or a submarine. I would suggest getting a plane ticket and go from Seattle and fly to Moscow. That would be a change in behavior.

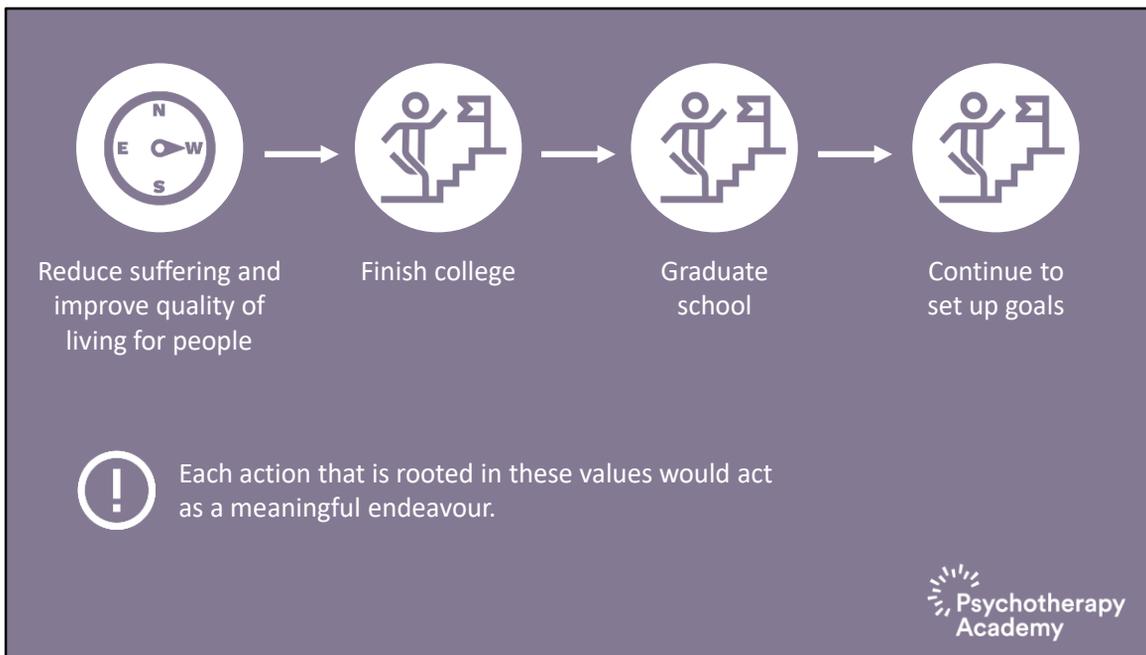
But do you see that the value would still be directing the person's behavior?

A life well lived



- What are the things that are important in your life?
- There aren't correct values
- They are chosen by people

What we're doing with this metaphor of heading west is trying to establish a way of thinking about a life well lived. We need to ask our clients to start to author for themselves, clarify to themselves what are the things that are important in your life, choosing things like reducing suffering and improving quality of living for people or making the world a more beautiful place or rearing my children to have a full, abundant, flexible, healthy life or being trustworthy, loyal, helpful and friendly. There are lots of different values people can have. There aren't correct values but they are chosen by people.



Suppose a college student in psychotherapy is doing a values exercise and chooses to articulate, my value is to reduce suffering and improve quality of living for people. And I imagine that is a value of many people watching this video. So you can potentially relate to this journey. The therapist might ask, so if we're going to continue with the going west metaphor where you had to go from Chicago to Helena to demonstrate that you're headed in a valued direction of west, what would be a good goal that heads you in the direction of reducing suffering for people? The client might say that they need to finish college and get into graduate school. That might be a workable westerly goal. And what this values exercise does is help the client to see each step west, each night of studying, each class of waking up early in the morning to go attend. Each step can be perceived as valuable, as moving west, as moving towards something personally meaningful because the person cares about reducing suffering and improving quality of living for people. Each action for this client that is rooted in these values can be contacted in the present moment and it would act as a meaningful endeavor, a reinforcing endeavor to continue to have that person work on what's important to them.

And then once they graduate from college and get into graduate school, then they have to finish graduate school. That would be their Seattle. And then after that, they still need another westerly goal or another goal to show that they are interested in

reducing suffering and improving quality of living. So that is getting a license in their profession. And then another goal after that is they get a job working as a therapist. They continue to go west. They continue to follow through on their values. They set up goals along the way to help direct their behavior so that they know they are moving in their chosen direction.

Key Points

- The work of clarifying values encourages the client to leverage the power of language to help behavioral change.
- Values are considered chosen life directions and the ACT therapist will open discussions about what is meaningful to the client.
- The going west metaphor is a traditional ACT intervention.



There are 3 key points in this video.

One, although much of ACT tries to undermine unhelpful language processes with acceptance, defusion and mindfulness exercises, the crucial work of clarifying values in Acceptance and Commitment Therapy actually encourages the client to leverage the power of language to help behavioral change in order to address clinically relevant concerns.

Two, values are often considered chosen life directions and the ACT therapist will open discussions in session about what is meaningful and vital to the client. These conversations can be rich and deep about the purpose of one's life.

And three, the going west metaphor is a traditional ACT intervention to help the client and the therapist create a context of mutual understanding about how to discuss values and goals.

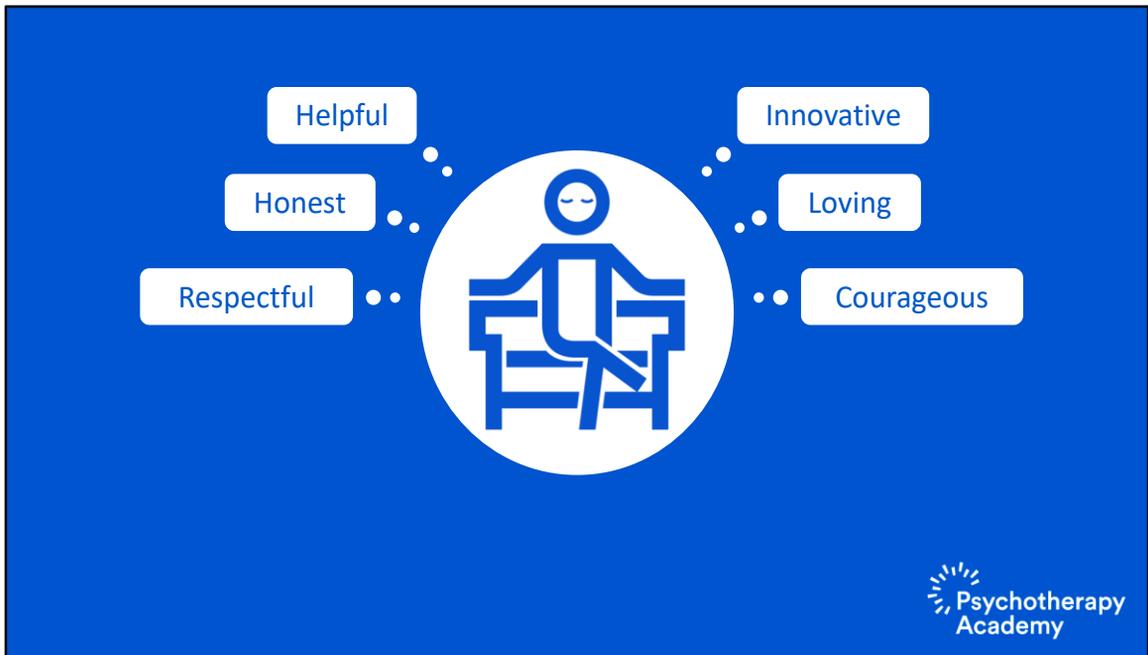
A woman is shown in profile, sitting at a desk and working on a laptop. The scene is dimly lit, with a strong blue color cast over the entire image. In the background, there are windows with a warm, reddish glow, suggesting an indoor setting with natural light coming through. On the desk, there is a small cup and saucer, and a pair of glasses.

Next Presentation:
Values - Part II

 Psychotherapy
Academy

Values - Part II

Dr. DJ Moran



I'm going to invite you to do a simple values clarification exercise. Please find yourself in a calm, safe seating position and take a nice, clean, deep breath. And as you exhale, close your eyes. I would like to invite you to imagine yourself a few years from now. And an organization that you care about, work, school, a charity, an organization that you care about has selected you to win a lifetime achievement award from that group. This group represents what you are passionate about during your life. And you've dedicated your actions and time in the similar service that they provide. This could be a sports team or an alumnus group, your workplace, even your family. Several years from now, you are going to get a lifetime achievement award. You're going to go to a banquet hall and your friends and family are going to be there. And people will be dressed up and people will be sitting at round tables and they'll serve a nice dinner. And then after the meal, someone's going to get up on stage and stand behind a podium and bestow this lifetime achievement award on you. But they're going to say a few words prior to giving you the award. They're going to make a speech. What would you like this person to say about you? What do you want them to say during this lifetime achievement award speech about the things that were important to you? What was meaningful, what was purposeful in your life? What were you passionate about? What did you care about so much that you dedicated your time and your efforts towards these values? If you won a lifetime

achievement award several years from now and someone's making a speech about you, what do you want them to say about you? As you're running these values and words through your mind, go ahead and take another nice, clean, deep breath. And when you exhale, open your eyes.

Key Points

- Clarifying your values can help you move forward on important committed actions in your life.



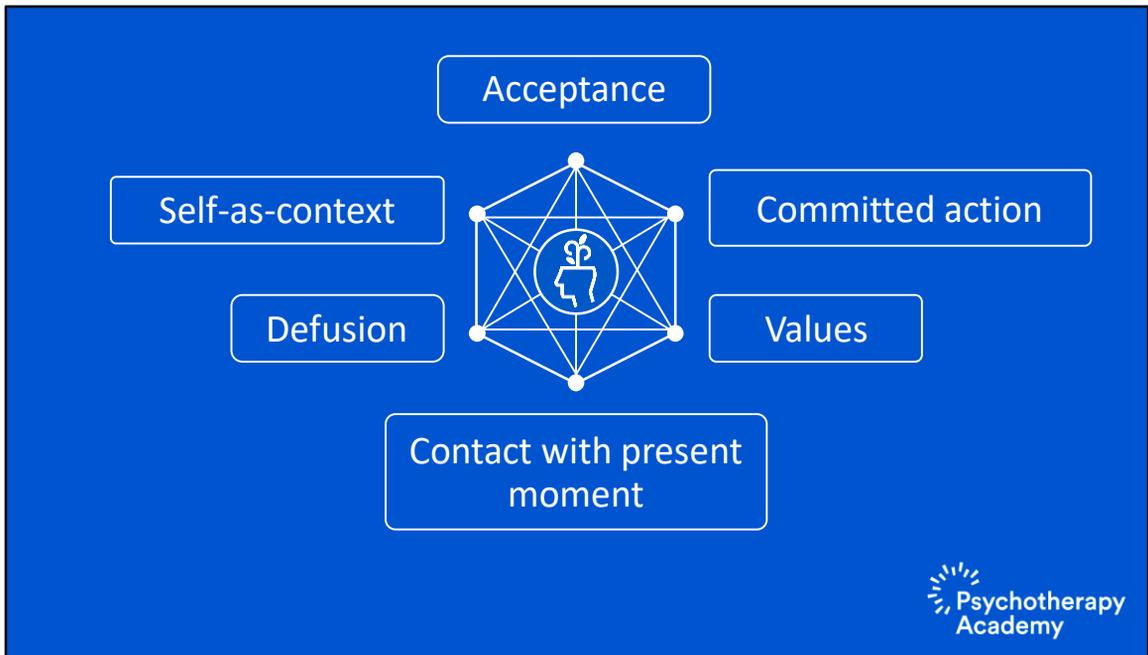
And find paper and pen and start to write down what these important values are and see if you can remind yourself of these personally meaningful words to help guide you when you're making difficult decisions or when you're feeling less motivated. Clarifying your values can help you move forward on important committed actions in your life.



Next Presentation:
Committed action - Part I

Committed action - Part I

Dr. DJ Moran



The ACT Hexagon Model is traditionally used to introduce practitioners to Acceptance and Commitment Therapy. There are six essential components to the ACT approach and they're integrated together to help build psychological flexibility. We have reviewed five of the six components so let's turn to committed action now.



Clarifying values can help move forward on important committed actions.

It is critical to have those values lead to behavioral change.

Bach, P. & Moran, D. J. (2008). *ACT in practice: Case conceptualization in acceptance and commitment therapy*. CA: New Harbinger Press.



In the last video where we discussed the lifetime achievement award as a way to work with clients for them to clarify their values, we ended by saying clarifying your values can help you move forward on important committed actions in your life. That is an essential understanding for ACT therapists. Clarifying your own personal values is necessary but it is critical to have those values lead to behavioral change.

References

Bach, P. & Moran, D. J. (2008). *ACT in practice: Case conceptualization in acceptance and commitment therapy*. CA: New Harbinger Press.

Committed action in ACT



- Behaving in the service of chosen values
- ACT therapists encourage behavioral change



In ACT, committed action is behaving in the service of chosen values. Because ACT comes from the behavior therapy tradition, ACT therapists with the collaboration of their client are going to encourage behavioral change to make the individual have opportunities to respond differently in their world perhaps to persist at chosen actions related to what's vital and meaningful in your life or to alter how you typically respond in clinically relevant situations.



Commitment:

**Action in the direction of what you care about even
in the presence of obstacles.**



And the commitment is defined as action in the direction of what you care about even in the presence of obstacles. Let's unpack that definition.



1. Action:

When you're committed to a task, process or direction, you keep moving in that direction with your actions.



A commitment is action. The word commitment is a noun but it's the kind of noun that requires action. We want to see some kind of behavior happen if you are committed to something. When you're committed to some kind of task, process or direction, you keep moving in that direction with your actions. And even if there is an obstacle coming up, you keep moving with your actions through that problem, over that problem, around or under that problem. Action is necessary to show that you are making a commitment.



2. Values:

Clarify the things that motivate you to engage in these actions.



We also say that a commitment is in the direction of what you care about. Right there, we're talking about values, what's meaningful and purposeful in your life. You start to clarify or author for yourself these are the things that I care about and that is what motivates me to engage in these actions.



3. Even in the presence of obstacles:

You make a behavioral change according to your values.

You accept, defuse, stay aware of your core self and contact the present moment in order to support that change.



And finally, the definition says a commitment happens even in the presence of obstacles. You continue acting in the direction of what you care about even if there's some kind of problem, issue or some kind of obstacle that gets in the way. These obstacles can be emotions or distracting cognitions or self-denigrating thoughts or mindlessness. And hopefully, you can see that these obstacles are addressed by the different components of the ACT hexagon most notably acceptance, defusion, self-as-context and contacting the present moment. A commitment means you make a behavior change according to your values and accept, defuse, stay aware of your core self and contact the present moment in order to support such behavioral change.

Key Points

- Clarifying values helps the client move forward on important committed actions in their life.
- Commitment is defined as action in the direction of what you care about even in the presence of obstacles.
- Action is supported when the obstacles that impede commitment are helped by acceptance, contacting the present moment, self-as-contact work and defusion.



There are 3 key components in this video.

One, clarifying values helps the client move forward on important committed actions in their life.

Two, commitment is defined as action in the direction of what you care about even in the presence of obstacles.

And three, in this definition, action is supported when the obstacles that impede commitment are helped by acceptance, contacting the present moment, self-as-contact work and defusion.



Next Presentation:
Committed action - Part II

 Psychotherapy
Academy

Committed action - Part II

Dr. DJ Moran

Committed action



Behaving in the service of chosen values, even when there are difficult personal concerns that arise.

Committed action is behaving in the service of chosen values even when there are difficult personal psychological concerns that arise during such behavior.

Committed action is where the rubber hits the road in ACT



Critical for measurable success in therapy



Committed action is where the rubber hits the road in ACT. It is a small part of the model but it is a crucial part.

The metaphor where the rubber hits the road calls on us to imagine ACT like it is an automobile. And there are many important parts to the vehicle, the carburetor, the steering wheel, the fan belts, the front seat. And no matter how complex and well taken care of these components are, this car will go nowhere without a very small part of the car and that is where the tire is in contact with the asphalt or in other words, where the rubber hits the road. It can be a fraction of the whole car but without it, there is no traction, there is no advancement and you don't get to where you want to be. Committed action is where the rubber hits the road in ACT. It can be a very small component but it is critical for measurable success in therapy.

In order to effectively understand committed action in ACT, let's revisit the definition from module 1.

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.



Recall 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.

Utilizing evidence-based, applied behavioral science



- **ACT practitioners:**
Integrate other empirically supported treatment plans.



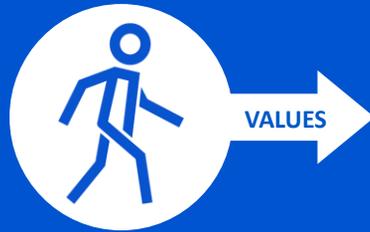
That final clause says while utilizing evidence-based applied behavioral science. And that is essentially calling ACT practitioners to integrate other empirically supported treatment plans.

Utilizing evidence-based, applied behavioral science



- **Clients:**
 - Commit to follow through on treatment plans
 - Are motivated by values
 - Address obstacles

And at the same time, it invites the client to make a commitment to follow through on those actions related to the treatment plans, be motivated by their values to engage in those treatment plans and to address obstacles impeding action on those treatment plans with acceptance, defusion, contact with the present moment and self-as-context.

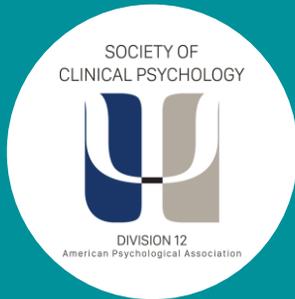


Committed action influences the therapist to be guided by **behavioral science applications** and to encourage the client to keep moving toward their **values**.



To put it bluntly, committed action influences the therapist to be effectively guided by behavioral science applications that have been shown to work for the client's clinically relevant issues and to encourage the client to keep moving towards their values.

Society of clinical psychology

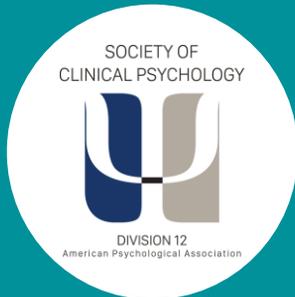


- List of 81 research-supported psychological treatments
- ACT accounts for 5 of them



One solid resource for effective evidence-based clinical psychology applications is the American Psychological Association's Division 12 called the Society of Clinical Psychology. They have a website, www.div12.org, that has a list of research-supported psychological treatments. Currently, there are 81 treatment approaches on that list and Acceptance and Commitment Therapy accounts for five of them. And that means that there are 76 other treatments that the Society of Clinical Psychology has deemed to be empirically supported.

Society of clinical psychology

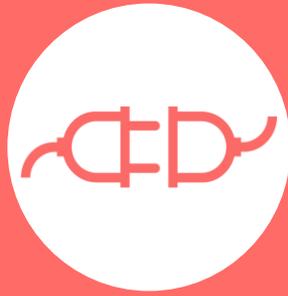


www.div12.org

- If one of the other treatment protocols could be effective, use that approach and supplement it with ACT.
- The treatment plan would call on the client to engage in committed actions.



An ACT therapist would do well to understand their client's clinical concerns and diagnoses. And then if one of these treatment protocols could be effective for the client, use that approach and supplement the endeavor with the ACT model. The treatment plan would call on the client to engage in committed actions when using this treatment plan. Discussing how to do the integration of 76 therapies is obviously beyond the scope of this training and some of the therapies on that list would be very difficult to blend in the ACT model.



Evidence-based treatment plans can be influenced by ACT.



But in the next video, we will take a peek at how evidence-based treatment plans can be hopefully and pragmatically influenced by ACT.

Key Points

- Committed action can be metaphorically viewed as where the rubber hits the road.
- ACT is listed on the APA's Society of Clinical Psychology Research-Supported Treatment List.
- ACT utilizes evidence-based, applied behavioral science and can supplement other empirically supported treatment plans.



There are 3 key points to this video.

One, committed action can be metaphorically viewed as where the rubber hits the road in ACT.

Two, ACT is listed on the American Psychological Association's Society of Clinical Psychology Research-Supported Treatment List.

And three, ACT utilizes evidence-based applied behavioral science and can supplement other empirically supported treatment plans.



Next Presentation:
Committed action - Part III

Committed action - Part III

Dr. DJ Moran



ACT for obsessive-compulsive disorder

Proper assessment of behavioral concerns to create a treatment plan.



In this video, we will briefly explore the use of Acceptance and Commitment Therapy for obsessive-compulsive disorder. During Acceptance and Commitment Therapy, a clinician will of course do a proper assessment of the behavioral concerns and then will create a treatment plan.

Society of clinical psychology

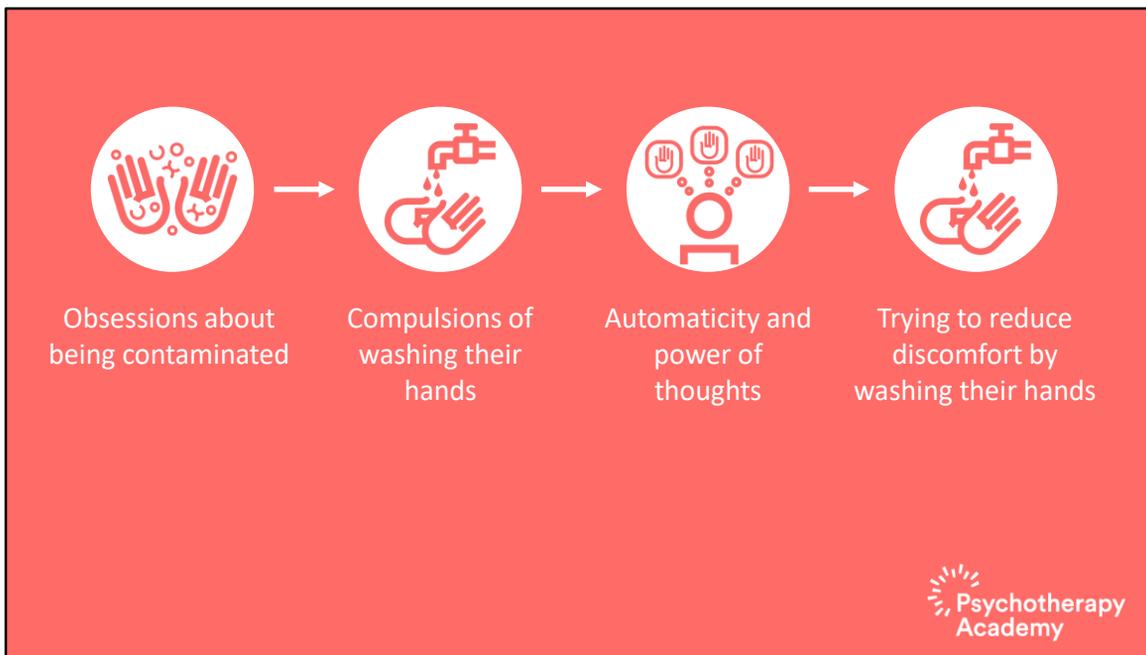


www.div12.org

- Empirically-supported treatments.
- Obsessive-compulsive disorder:
Exposure and ritual prevention is strongly research supported.



Effective treatment plans are highlighted by the American Psychological Association Division 12 Society of Clinical of Psychology. And on their website, www.div12.org, you can find many empirically supported treatments. On that site, you can search evidence-based approaches by diagnosis. And if you go to that website and search for the evidence-based treatment for obsessive-compulsive disorder, you will see that exposure and ritual prevention is strongly research supported.



Suppose a person comes to therapy with obsessions about being contaminated and they in order to avoid the experience of anxiety from getting sick engage in compulsions of washing their hands. These obsessions happen outside of the control of the person. And in effect, the person is fused to these obsessions so their thoughts are happening with automaticity and power. They keep happening and they influence the person to feel significantly uncomfortable.

One way the person tries to reduce this discomfort is to wash their hands. And over the years, their washing has become frequent and intense. This particular person washes their hands about 75 times a day with bleach and steel wool because they're constantly thinking that they've touched something contaminated or they haven't washed effectively.

Exposure and ritual prevention



The clinician
leaves the office



The client puts
their hand on a
doorknob



Anxiety
starts to
arise



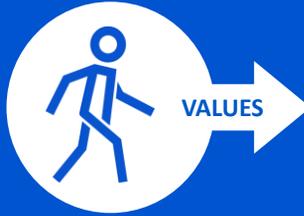
The client prevents
the ritual of washing
their hands

Using exposure and ritual prevention might be helpful for this person. The clinician with the informed consent of the client might begin by leaving the therapy office and then suggesting that the client put their hand on a doorknob, push an elevator button or shake hands with a few strangers. And then in if anxiety starts to arise and it probably will, the client agrees to prevent the ritual of washing their hands. They don't run to the bathroom and wash their hands with antimicrobial soap or use their hand sanitizer. The anxiety may begin to rise.

The goal is to:



Expand their psychological flexibility



by engaging in valued actions



even in the presence of obstacles



And what the dyad are trying to do is see if the client can expand their psychological flexibility by engaging in valued actions such as being functionally independent in the environment even in the presence of obstacles such as the feelings of anxiety and the thoughts that they are contaminated.



Exposure and response prevention

Traditional behavioral therapy

- To reduce anxiety responses through counter-conditioning

ACT approach

- Symptom reduction is not the primary goal
- Aims to increase psychological flexibility

The traditional behavior therapy manner of doing exposure and response prevention utilizes this approach to have an effect on reducing anxiety responses through counterconditioning. In other words, if the client keeps touching anxiety-provoking stimuli, perhaps the nervousness will become reduced through the exposure rather than by engaging in the problematic ritualized compulsion. And in the ACT approach, symptom reduction is not the primary goal. The exposure and response prevention is not primarily about getting rid of the anxiety so to speak, rather it is about increasing psychological flexibility.



Exposure and response prevention

ACT approach

- Contact the here and now
- Can they change their behavior to something more functional and persist in this approach based on their values?

In other words, the ACT therapist is teaching the client with OCD to contact the here and now and not get wrapped up in some future consequence. And then given their history, their genetics, their previous learning, their culture and based on what the situation affords them in the present moment, the question is: Can they change their behavior from washing to doing something more functional and then persist in this new approach to dealing with nervousness based on what's important to them, their values? The therapeutic dyad is not aiming to reduce symptoms as a primary endeavor but rather to broaden psychological flexibility.



When ACT is used to supplement the exposure and response prevention treatment plan, touching items in public that could be thought of as contaminated is a committed action.

Committed action



- Engage in this action
- In the direction of what they care about
- Even in the presence of obstacles
- Follow through on important responses based on their values

The therapist asks the client to engage in this action in the direction of what they care about even in the presence of obstacles. And this is where the ACT model strengthens the treatment. The committed action is being offered in order for the client to learn to follow through on important responses based on what they care about, their values.

Values clarification



Leverage values to help the client participate in ERP

So the client and the therapist have a conversation about values clarification and leverage those values to help the client be more inclined to participate in the difficult tasks related to ERP.



Clients may want to avoid having negative emotions.



And sometimes, the client will say in the middle of treatment, I'm too nervous to touch these items. I don't feel like doing this. I'd rather avoid the experience of having these negative emotions.

Acceptance



- Experiential avoidance is leading to a diminished quality of life
- Actively contact psychological experiences
- Directly and fully without needless defense
- While behaving effectively during the ERP

And this is the point where the therapist can highlight the skills of acceptance and remind the client that experiential avoidance in many situations related to their OCD is leading to a diminished quality of life. The client would be encouraged to actively contact psychological experiences directly and fully without needless defense while behaving effectively during the exposure and response prevention and beyond.



The person will also likely voice fused content during ERP.



And the person struggling with this obsessive-compulsive repertoire will also likely voice fused content during exposure and response prevention. During the therapy, they might say things such as this doorknob is filled with germs or this treatment is so stupid or I know if I keep doing this I'm going to get sick and die.

Defusion



- Notice automatic thoughts
- Thoughts do not actually have to influence action

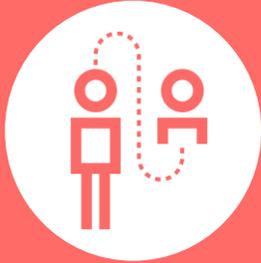
And the ACT therapist can encourage defusion of these thoughts to encourage the client to notice that these automatic thoughts are coming and simply notice them as if they were leaves on a stream distant from the client and that thoughts do not actually have to influence action. They are simply private events that the client can't control but do not have to control the client. Defusion can be very helpful to this client during treatment and during their day.



"I am OCD"

And the client might resist exposure and response prevention by saying, I am not brave. I am not the kind of person who does these things. I am OCD.

Self-as-context



- You are simply you
- You can choose to value living your life in a certain way
- The core self can simply notice these thoughts and judgments and have these experiences in the context of you

And this would be an appropriate time to highlight the application of self-as-context. The therapist might say something like dear client, those words you're telling yourself about yourself are not helpful. They're not functional. You are simply you. You exist. And from there, you can choose to value living your life in a certain way. The core self can simply notice these thoughts and judgments, notice the nervousness and the obsessions. And from this steadfast point of view of the self, that open and broad perspective, you can simply have these experiences, have these experiences in the context of you.



**The client may not want to be in the here
and now.**



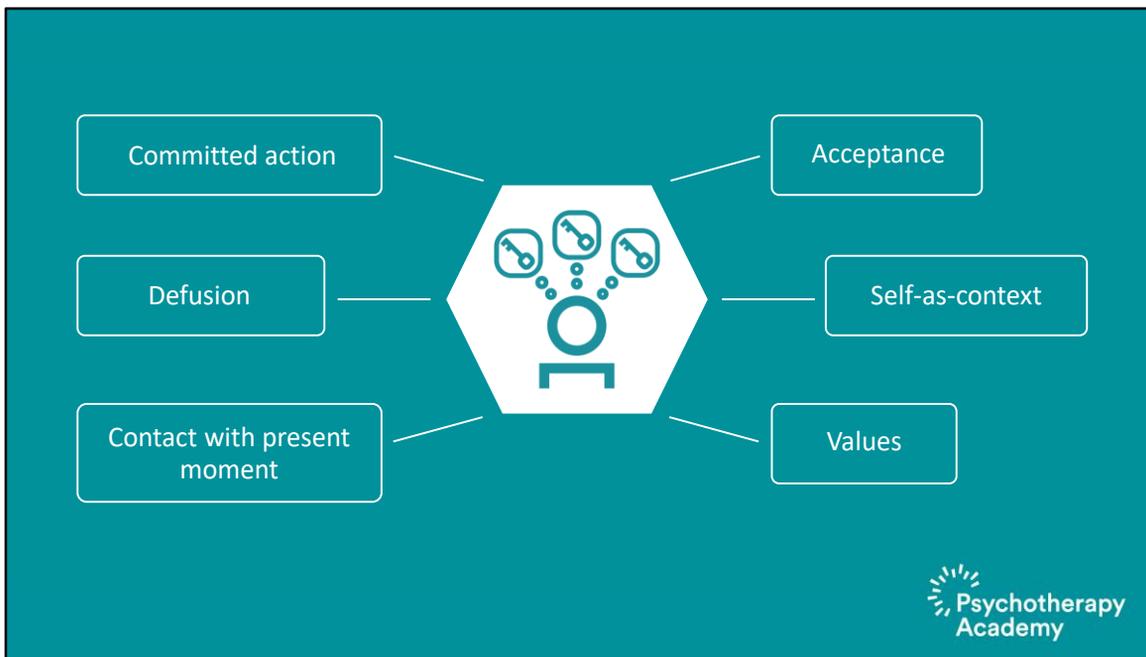
And during the exposure and response prevention, there also might be another area of treatment resistance. The client may not want to be in the here and now given what is happening for them. When it is time to shake someone's hand or touch a door handle, they might say, do I have to do this now? Or I'm not ready for this. Or can I just do this during the next session please?

Contact with the present moment

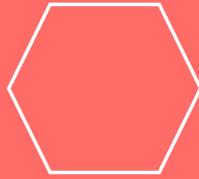


- Mindfulness:
To be more situationally aware and perceive that now is the only time for action
- Mindful practice outside of session is encouraged

And the ACT clinician would capitalize on the applications of contact with the present moment. They might bring in to session the practical applications of mindfulness to help the individual be more situationally aware and perceive that now is the only time for action, now is the only time you can do exposure and response prevention in order to help yourself out with your obsessive-compulsive repertoire. The ACT therapists encourage mindful practice outside of session so that the skill can be strengthened and then utilized to contact the present moment during therapy and during other difficult times in life.



Hopefully, you notice that when it comes to the ACT model, the whole is greater than the sum of its parts. All six components work together. When treating OCD, the committed action piece is following through on the exposure and response prevention treatment plan. The actions are touching anxiety-provoking items to help broaden behavioral and psychological flexibility. During such treatment, there might be treatment resistance. The client may say, I don't feel like doing these exercises. They're too uncomfortable. And acceptance can be brought in to supplement the exposure and response prevention treatment. The client may say, I'm going to get sick and die from this exercise. And rather than disputing the truth of that thought, the ACT therapist encourages defusion, simply noticing that thought. When the client resists because they say, I am not brave, I am obsessive-compulsive, the ACT therapist highlights the self-as-context to help the client simply hold their experiences with a steadfast mindful perspective. When the client tries to avoid the exercise by delaying it for another session, contact with the present moment is brought in to the session to remind the client that now is the only time for action and living in the here and now is helpful and to generate motivation to engage in exposure and response prevention. Personally meaningful purposeful values are linked to doing these exercises.



The components blend together to build up psychological flexibility while following the treatment plan.



When brought together this way, the whole model is greater than the sum of its parts and all the components blend together to build up psychological flexibility while following the treatment plan.

Key Points

- APA has listed evidence-based approaches that can be supplemented with ACT.
- ERP treatment plans are effective for OCD and can be used as the committed action component.
- The ACT model is greater than the sum of its parts. When resistance occurs, the other five parts of the hexagon can supplement the treatment plan.

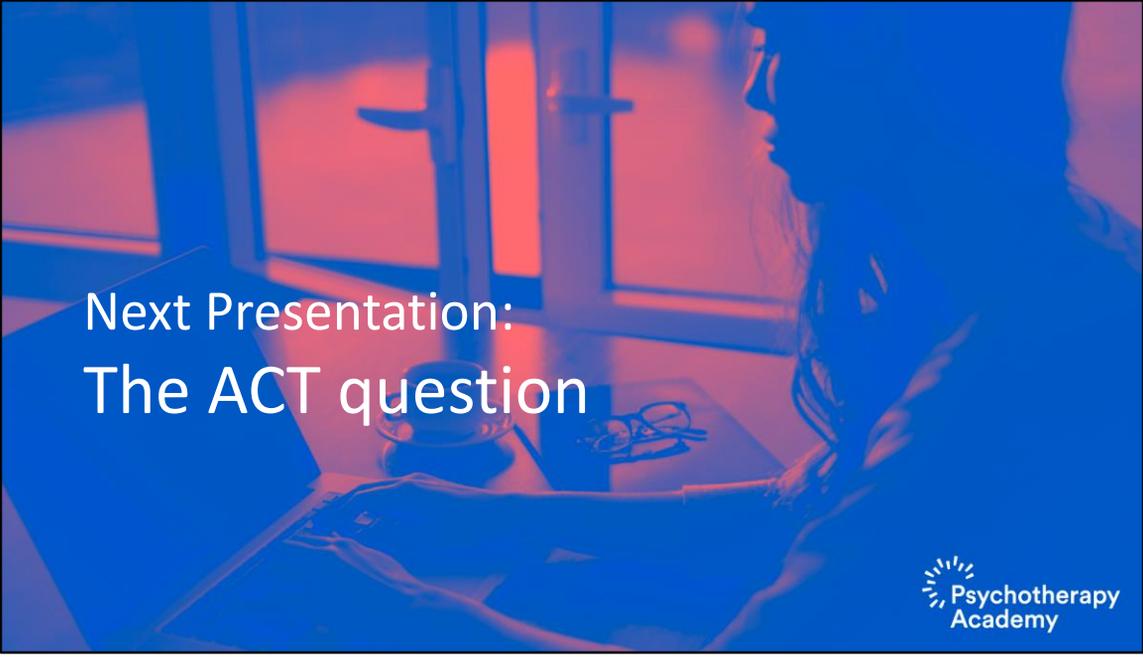


There are 3 key points to this video about ACT for OCD.

One, the American Psychological Association has a website listing many evidence-based approaches that can be supplemented with the ACT model.

Two, exposure and response prevention treatment plans are effective for obsessive-compulsive repertoires and can be used as the committed action component for the treatment.

And three, the whole ACT model is greater than the sum of its parts. And when treatment resistance occurs during the committed action component, the other five parts of the hexagon model can supplement and assist the treatment plan.



Next Presentation:
The ACT question

 Psychotherapy
Academy



The ACT question

Dr. DJ Moran

Welcome to the final video for Demystifying ACT.

Acceptance and commitment therapy



Based on empirically-supported principles



Aims to improve psychological flexibility



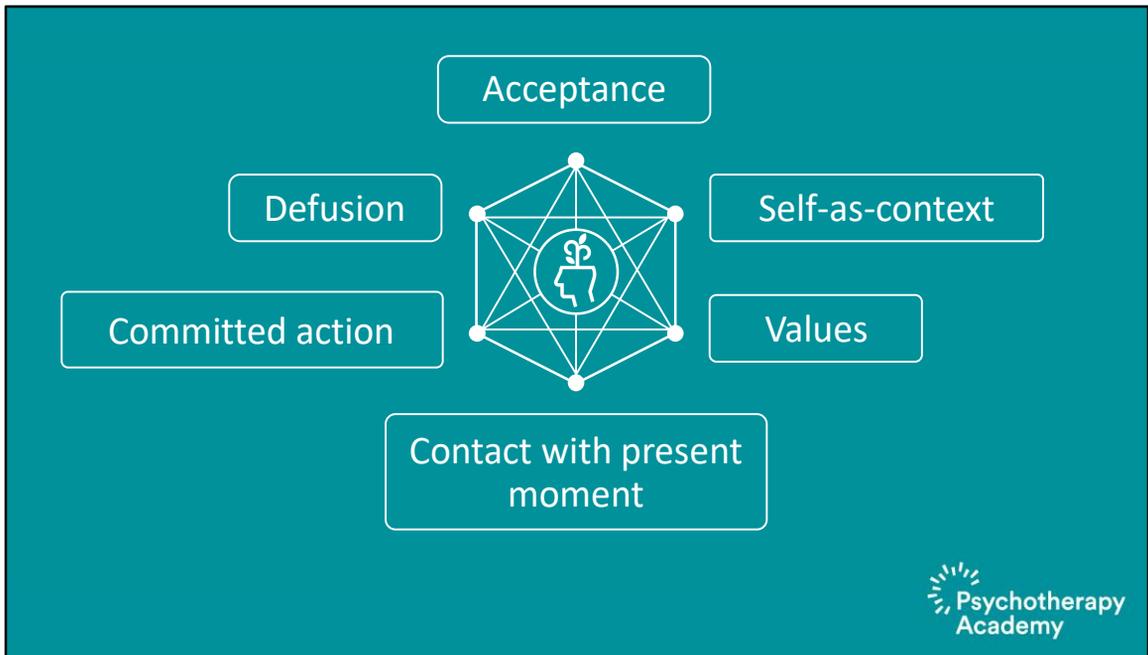
By leveraging the influence of mindfulness practice



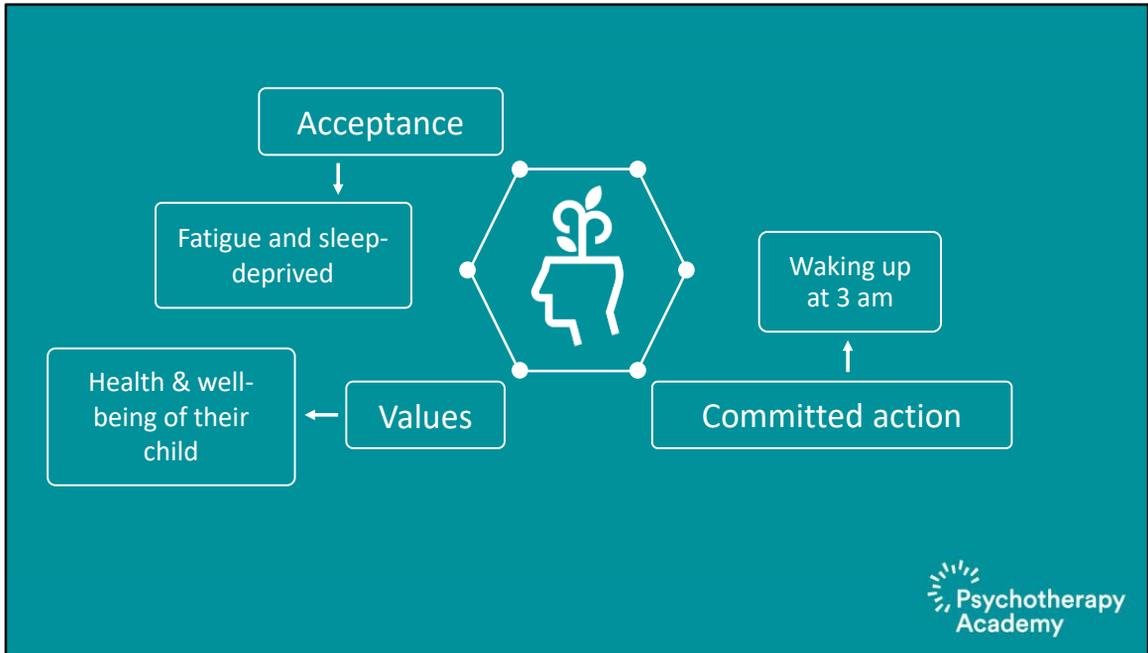
While utilizing evidence-based, applied behavioral science



Throughout our time together, we discussed 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.



We reviewed the ACT Hexagon Model and introduced the six components of the model, acceptance, defusion, self-as-context, contact with the present moment, values and committed action.



ACT therapists understand that these six components have mutual relationships and facilitative relationships among them. This means when a person works on developing one of these six skills it will likely pull along skillfulness in some of the other components. For example, when you clarify your values, it helps dignify the difficulty of accepting emotions that show up when you engage in committed actions. Suppose someone articulates that they really care about the health and well-being of their child. Well, that value helps them deal with the aversiveness of waking up in the middle of the night when the child is an infant and having to give them their 3 AM feeding. Being fatigued and deprived of sleep is emotionally difficult and aversive but parents around the world that care about or value their child's health wake up at 3 AM even though they're tired and accept the sleep deprivation because of what they care about. That is psychological flexibility.

And values can continue throughout life because the parent will probably be willing to deal with the sleep deprivation when their child is a teenager and the child calls in the middle of the night needing help because their car broke down. The parent who values the health and well being of their child will accept the aversiveness of the exhaustion and engage in the committed action of caring for their kid. Each of the six components facilitates each other.

Going through all of the permutations is beyond the scope of this video but to see

how they all work together let's take a look at the ACT question.



The ACT question

The ACT question can be asked in many different ways because Acceptance and Commitment Therapy is a flexible model.

The ACT question to assess psychological flexibility

Given the distinction between you and what you are trying to change, are you willing to:

- Have that fully and without defense
- As it is and not as what your language says it is
- Doing what takes you in the direction of what is vital and meaningful
- At this time and in this situation?

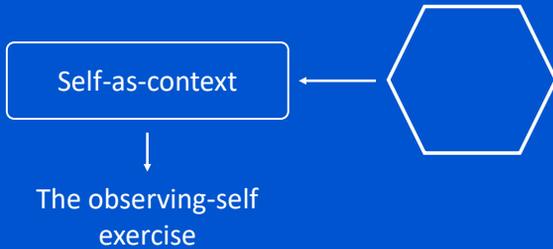


And let's look at the ACT question in this video as one way to assess how the client is doing with their psychological flexibility. You don't have to ask this question aloud in the therapy session but it can be very useful with case conceptualization. Looking at the hexagon model, we can ask, given the distinction between you and the stuff you are struggling with and trying to change, are you willing to have that stuff fully and without defense as that stuff is and not as what your language says it is and then go do what takes you in the direction of what is vital and meaningful at this time and in this situation?

If the answer is yes to this question, that's what builds up psychological flexibility.



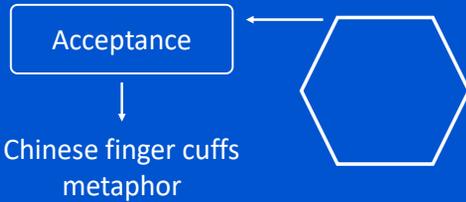
Distinction between you and what you are struggling to change



Let's review this ACT question one more time as we dance through the ACT hexagon model. Given the distinction between you and the stuff you are struggling with and trying to change that is calling on the self-as-context work, the observing self exercise where the person learned that they were not their emotions, their sensations, their urges, their memories, there's just a core you, a steadfast unbroken you and can you be in the presence of that?



Are you willing to have that fully and without defense?



And are you willing to have the stuff that shows up fully without defense when emotions and sensations come up? Can you accept them, be willing to have them, don't struggle with them like you would with the Chinese finger cuffs trying to get out of it and the harder you pull the stucker you get? Can you just accept that you're in this situation without engaging in struggle?



As it is and not as what your language says
it is



Defusion

- Automaticity and power of thoughts
- The self as the sky metaphor

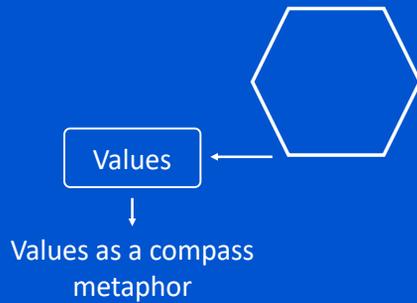
And have that stuff as it is and not as what your language says it is? Notice that you're having automatic thoughts that sometimes have power on you but words do not have to actually control you. You can simply notice words as if they were clouds in the sky on a windy day distant from you, moving away from you and not having a significant impact on you.



And then do what takes you in the direction. This is the committed action piece. This is when we were talking about using evidence-based treatment plans. Do some kind of measurable actions from evidence-based treatments.



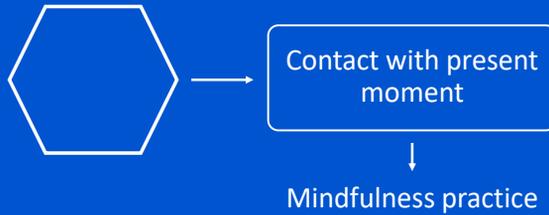
In the direction of what is vital and meaningful



Because it is related to what is vital and meaningful in your life. These are your values. What's your west? What do you want your life to be about? What are the things that motivate you to keep moving forward? And once you've clarified these values, these things that make life purposeful



Can you do this at this time and in this situation?



Can you do this behavior that you care about right here and right now at this time and in this situation? That's contacting the present moment and this is the time where we would suggest to our clients to start to blend in what they are learning in their regular mindfulness practice and have it applied to their committed action so that they can stay in the present moment while they're doing what they care about.

**If the answer is yes, that is what builds up
psychological flexibility.**



The ACT components work together to help
with this endeavor.



If you can answer yes through this entire question, that's what builds up psychological flexibility. If you are a kind of therapist who cares about reducing suffering and improving quality of living for people, then increasing psychological flexibility with ACT is a nice variable to focus on in treatment. And the ACT components work together to help with this endeavor.

Key Points

- The components in the ACT hexagon have mutual relationships.
- The blending of these skills leads to psychological flexibility.
- The ACT question helps assess and case conceptualize to see if the six skills are being blended together well by the client.



There are three key points to this final video. One, the six components in the ACT hexagon have mutual relationships and when skills are built in one component, they will likely pull along skillfulness in the other components. Two, the blending of all these skills leads to greater psychological flexibility. And three, the ACT question helps assess and case conceptualize to see if the six skills are being blended together well by the client.

More about ACT

- You can join the Association for Contextual Behavioral Science

www.contextualscience.org



There is a great deal more that you can learn about ACT. If these modules were your first introduction, please know that the journey has just begun and there are lots of resources in the literature to help you learn more. Consider joining the Association for Contextual Behavioral Science to get more resources and become part of the ACT community. The website is www.contextualscience.org. The organization has over 8000 members worldwide and has a very communitarian approach to science. Our members truly want to reduce suffering and improve quality of living for people so many of our materials are open source. In fact, if you want to join the Association for Contextual Behavioral Science but you're concerned about the cost, please know that we are a values-based organization so we have values-based dues. You'll pay what you think it's worth. If you join the organization, you can participate in a robust Listserv, read the Journal of Contextual Behavioral Science and learn more about the applications of Acceptance and Commitment Therapy and hear about further trainings. You might even be able to find a supervisor to help you become a more skillful therapist in Acceptance and Commitment Therapy. Thanks so much for joining me on this part of your ACT journey. I hope you learned applications that can be helpful for your clients. And seeing that ACT addresses the human condition that we all struggle with from time to time, I hope that you can find it helpful to your life as well. This training was intended to be meaningful, helpful and valuable to everyone.

And I'm grateful you joined me.