



What is case conceptualization?

Dr. DJ Moran

Thank you so much for joining me for this training. I'm DJ Moran and we'll be talking about case conceptualization in Acceptance and Commitment Therapy.



Case conceptualization

Important skill for therapists and counselors

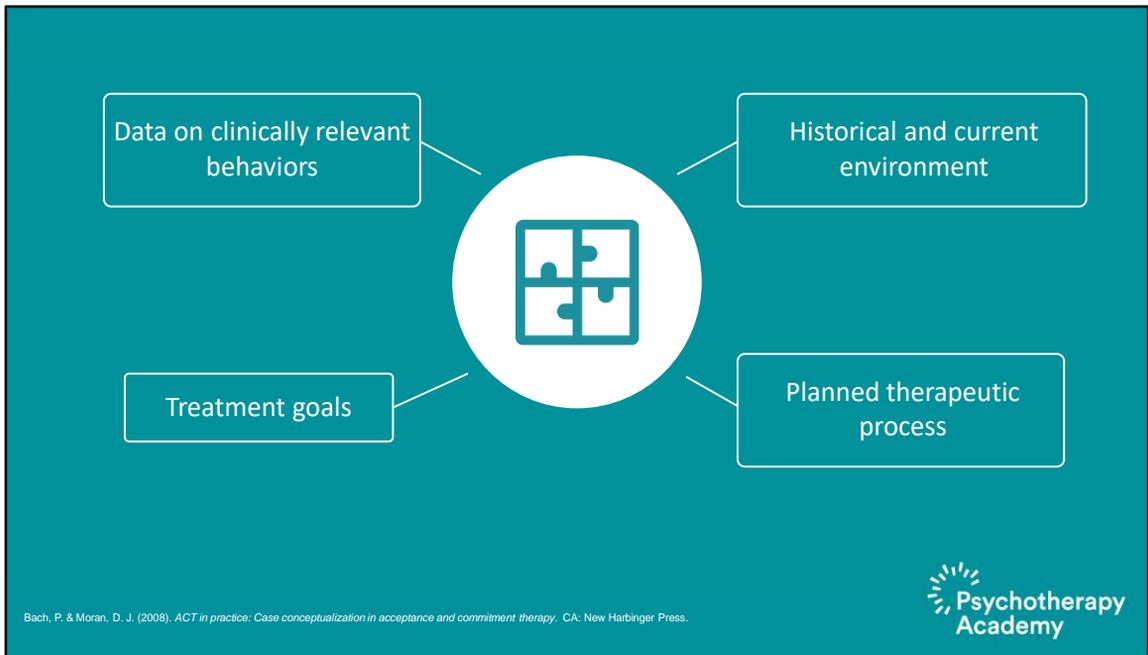
Bach, P. & Moran, D. J. (2008). *ACT in practice: Case conceptualization in acceptance and commitment therapy*. CA: New Harbinger Press.



I think case conceptualization is an important skill for therapists and counselors to learn to do well if they want to have significant influence on their clients. My friend, Patty Bach, and I wrote a book called “ACT in Practice: Case Conceptualization in Acceptance and Commitment Therapy.” In this training, we will discuss some of the ideas from that book.

References

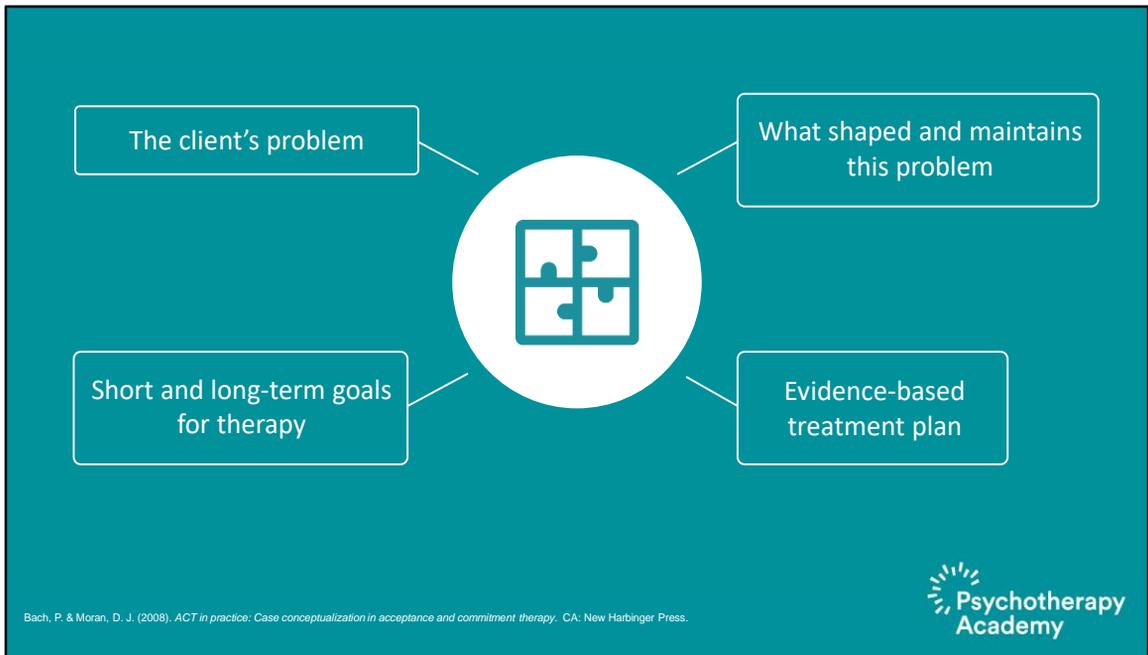
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Case conceptualization is an integration of assessment data focused on the client’s clinically relevant behaviors, the information regarding the historical and current environment that influence those behaviors, the mutually developed treatment goals and the planned therapeutic process to be used to approach those goals. Case conceptualization is in part a creative process of the clinician and it is also guided by evidence-based principles.

References

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



Case conceptualization includes information regarding the client's problem, the past situations that shaped the person's problem, the current situations that maintain this problem and usually talk about short- and long-term goals for therapy and then we use all of that material to develop an empirically supported or evidence-based treatment plan.

References

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

Case conceptualization



- Case formulation
- Working hypothesis

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



Case conceptualization has also been called case formulation and working hypothesis in the literature. Throughout this training, these terms may be used interchangeably for style purposes but I will primarily use case conceptualization for consistency.

References

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

Case conceptualization assessment



Defusion



Acceptance



Self-as-context



Values



Contact with the
present
moment



Committed
action

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



In ACT case conceptualization, the assessment tracks the six processes of the ACT approach – defusion, acceptance, self as context, values, contact with the present moment and committed action – and assists the therapist in facilitating greater psychological flexibility for the client. Now, if you're unfamiliar with these six ideas, please know that they are essential concepts in one perspective of the ACT model and you would do well to go back to other trainings that discuss those six concepts.

References

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

The importance of case conceptualization



Leads to a more focused, consistent and thorough interventions



Elucidates what the client is like as well as theoretical hypothesis for why the client is like this



Helps conceptualize treatment goals

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



Now, case conceptualization is important. Luoma, Hayes and Walser 2007 suggest that ACT case conceptualization “leads to a more focused, consistent and thorough intervention.” If that’s something that’s important to you as a counselor or as an applied behavioral scientist, then learning case conceptualization is a good idea. In other literature written by Berman 1997, this scientist says that in general terms, case conceptualization elucidates “what the client is like as well as theoretical hypothesis for why the client is like this.” Beyond the hypothesizing of the clinically relevant what and why, it is incumbent upon the clinician to conceptualize treatment goals such as the where the client is going and how to best get there.

References

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

Key Points

- Case conceptualization includes:
 1. Information regarding the client's problem
 2. Past situations that shaped the problem & current situations that maintain it
 3. Short and long-term therapy goals
 4. Evidence-based treatment plan
- It is important to learn to do this to be an effective therapist.



The key points for this module are that case conceptualization includes information regarding the client's problem, the past situations that shaped the person's problem, the current situations that maintain this problem, the short- and long-term therapy goals and developing an evidence-based treatment plan. Another main point is that it is important to learn to do this if you want to be an effective therapist.

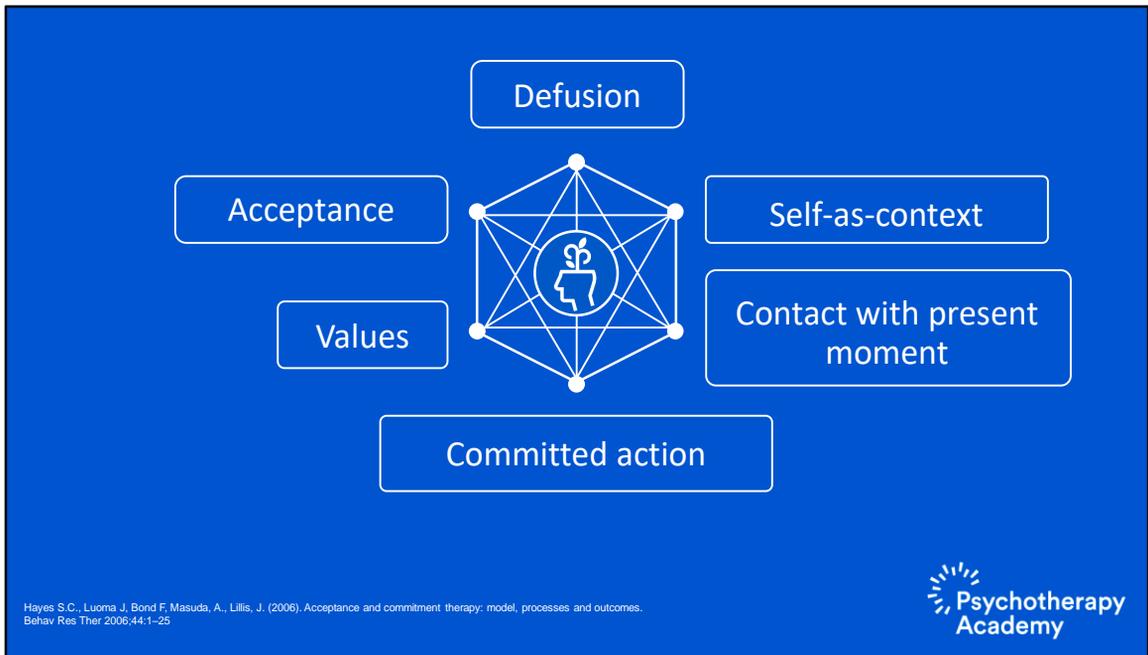


Next Presentation:
Introduction to the Inflexahex
model

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Introduction to the Inflexahex model

Dr. DJ Moran



In the last part of the Acceptance and Commitment Therapy case conceptualization training, I discussed how the assessment tracks the six processes of the ACT approach – defusion, acceptance, self as context, values, contact with the present moment and committed action – in order to assist the counselor in facilitating greater psychological flexibility for the client.

References

Hayes S.C., Luoma J, Bond F, Masuda, A., Lillis, J. (2006). Acceptance and commitment therapy: model, processes and outcomes. Behav Res Ther 2006;44:1–25

Where is the client lacking flexibility?



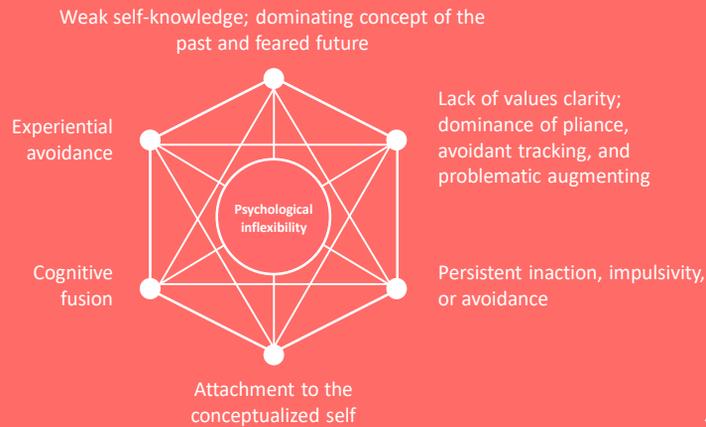
Inflexahex:

Hexagon model that shows what psychological processes can lead to inflexibility



And the counselor also has to look out for where the client is lacking in these six areas of flexibility. So part of the training in case conceptualization is learning what is on the other side of the spectrum of a flexible repertoire. Each of the six points of the ACT hexagon model has a converse and we can look at the six points on the model called the Inflexahex. This is the hexagon model that shows what psychological processes can lead to inflexibility, thus the name Inflexahex.

The Inflexahex model



When a client is having trouble with accepting, we call that experiential avoidance. The converse of defusion is when the client is engaged in cognitive fusion. Having an ability to contact the self as context can actually assist psychological flexibility. And if there is rigidity around this, we would call that attachment to the conceptualized self. Committed action occurs with psychologically flexible repertoires and we see clinical struggle with persistent inaction, impulsivity or avoidance. Having clearly authored values contributes to psychological flexibility and lacking clarified values or being dominated by pliance, tracking or problematic augmenting can be a clinical concern. Finally, a psychologically flexible repertoire is contacting the present moment, whereas inflexibility gets fostered by weak self-knowledge or a dominating concept of the past or the future.

We can put all of these clinically relevant inflexible concerns on a similar hexagon model and we call it the Inflexahex.

The Inflexahex worksheet



- Take notes of what contributes to their problematic inflexibility
- Use these notes for case conceptualization



Patty Bach and I developed a worksheet for the Inflexahex for clinicians to use for taking notes. As you work with your client, when they say something that shows to contribute to their problematic inflexibility, you can write that down on the worksheet in the domain related to their inflexibility. During the treatment or after the session when you're doing your case conceptualization, you can use this filled out Inflexahex worksheet to really get a sense of what the client is struggling with from an ACT point of view and begin to develop your treatment plan off of these data. As we move forward, we will spend time on each one of these six dyads and get a chance to explore the concerns that lead to inflexibility. This is critical for case conceptualization.

Key Points

- Solid ACT case conceptualization needs to have a perspective of the concerns that lead to inflexibility.
- There are six converse dyads:
 1. Acceptance: Experiential avoidance
 2. Defusion: Cognitive fusion
 3. Self-as-context: Attachment to the conceptualized self



There are some key points to this video.

Solid ACT case conceptualization needs to have a perspective of the concerns that lead to inflexibility and there are six converse dyads that we should look at.

The other side of the spectrum of acceptance is experiential avoidance. The other side of the spectrum for defusion is cognitive fusion. Self as context has the other side of the spectrum being the attachment to the conceptualized self.

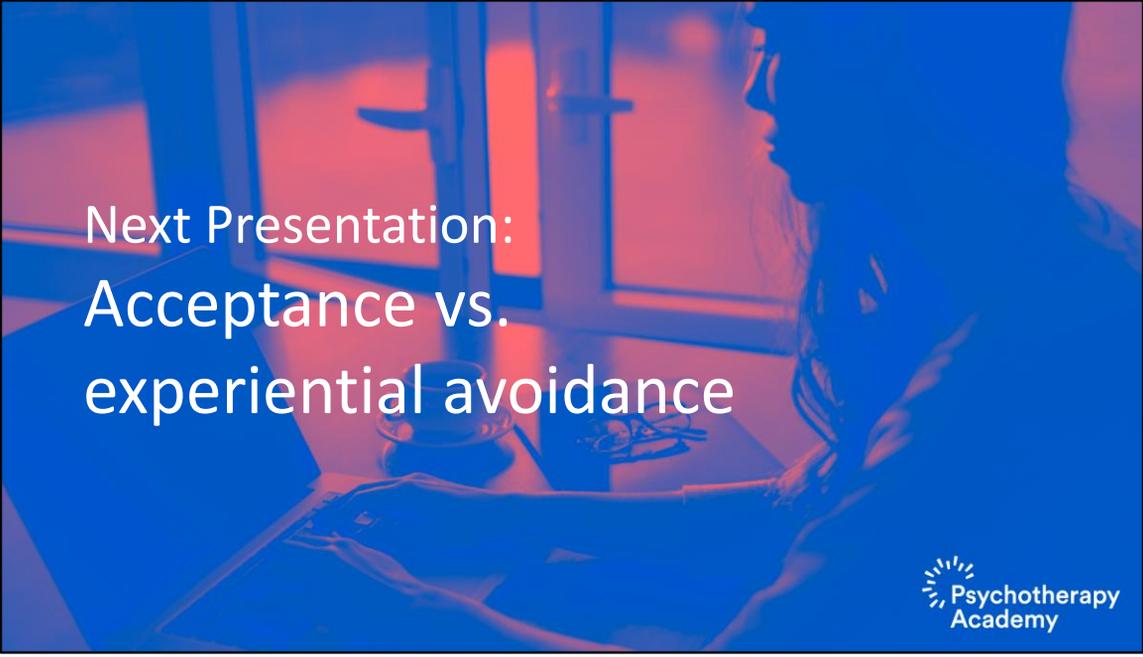
Key Points

4. Committed action: Persistent inaction, impulsivity or avoidance
5. Values: Unclear values or domination by pliance, tracking and augmenting
6. Contact with the present moment: Dominating concept of the past or the future and weak self-knowledge



The clinical concern that impedes committed action, well that's persistent inaction, impulsivity or avoidance.

Values clarification has a converse of unclear values or domination by pliance, tracking and augmenting. And the other side of the spectrum of contact with the present moment is dominating concept of the past or the future and weak self-knowledge.



Next Presentation:
Acceptance vs.
experiential avoidance



Acceptance vs. experiential avoidance

Dr. DJ Moran

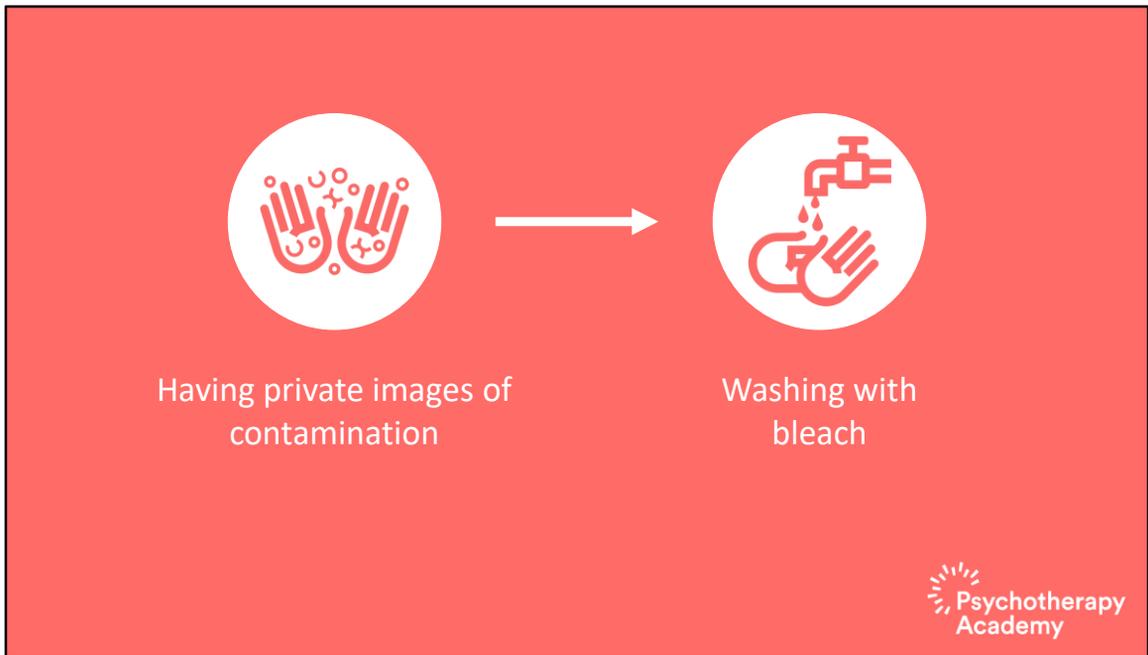
In this training for Acceptance and Commitment Therapy case conceptualization, let's look at the converse relationship between acceptance and experiential avoidance. And in order to do that, let's briefly talk about some cases.



Consider this. If a woman doesn't want to think about her shame related to her past infidelity, she might start a habit of drinking vodka every day because it helps her not to focus on her indiscretions and influences her to pass out during the evening. And therefore, she is not having the thoughts or feelings of shame.



How about another one? A woman who doesn't like the feelings of nervousness when she goes outside can elect to stay inside her home for weeks or years on end.



Let's take a moment to look at a teenager who reports hating having private images that she's contaminated. And if she could just rid herself of those private events for a few minutes by washing with bleach, she can make herself feel better and avoid that experience. But then she has to do it again and again and again in order to avoid that experience.



Or we can investigate a man who thinks he's been disrespected and feels less macho on the highway when he gets cutoff by another motorist. And he can rid himself of these denigrating private events by acting very aggressively or even violently towards another so-called offender.

Experiential avoidance



- The individual doesn't want to have a particular emotion, sensation, urge, feeling.
- They do things in order to get rid of them.

In each one of these cases, we're talking about experiential avoidance. The individual doesn't want to have a particular emotion, sensation, urge, feeling and they do things in order to rid themselves of these kinds of experiences.

Experiential avoidance



Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY, US: Guilford Press.



Many people act as if the private experiences of shame, nervousness, contamination and dejection as we might call clinically relevant events, we look at them as if they were problems that need to be eliminated. People are often given the message from society to pursue happiness and relaxation and avoid unpleasant emotions and thoughts.

References

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY, US: Guilford Press.



Experiential avoidance

Drawbacks

A vital life includes “uncomfortable” experiences

Avoiding is impossible when committed to worthwhile goals.

It does not work!

Avoidance creates clinical issues.

- Beevers, C. G., Wenzlaff, R. M., Hayes, A. M., & Scott, W. D. (1999). Depression and the ironic effects of thought suppression: Therapeutic strategies for improving mental control. *Clinical Psychology: Science and Practice*, 6(2), 133-148

- Wegner, D. M., Schneider, D. J., Carter, S. R., & White, T. L. (1987). Paradoxical effects of thought suppression. *Journal of Personality and Social Psychology*, 53(1), 5-13.

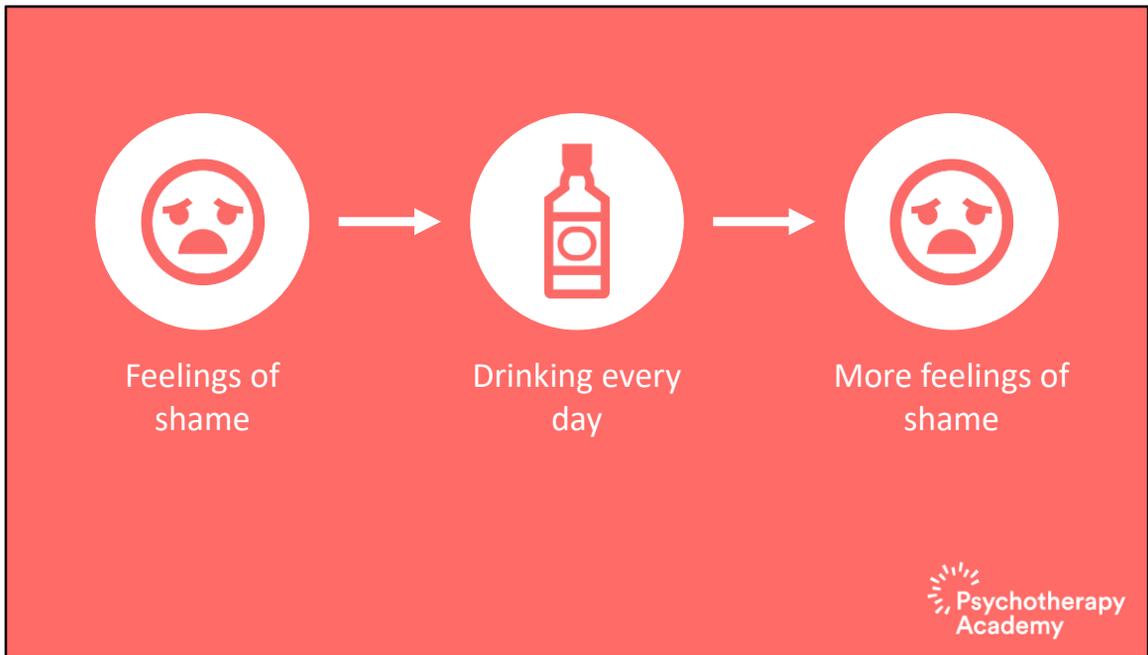


This kind of experiential avoidance agenda has two drawbacks. The first is that a vital life is bound to include experiences of sadness and anger and other feelings that we label as uncomfortable. Anyone dedicated to living a meaningful mission knows that there are bound to be difficulties and disappointments at times. Avoiding emotional struggle and practical difficulties is impossible when one has become committed to personally worthwhile long-term goals. The second drawback of experiential avoidance is that it usually just doesn't work. It's not effective to try to get rid of your emotions because they likely come back later on. Such avoidance seems to be the problematic process that transforms ordinary feelings, urges and sensations and thoughts into clinical issues. Attempts to avoid private experiences often lead to more problems than they solve. In fact, experiential avoidance exacerbates these problems.

References

Beevers, C. G., Wenzlaff, R. M., Hayes, A. M., & Scott, W. D. (1999). Depression and the ironic effects of thought suppression: Therapeutic strategies for improving mental control. *Clinical Psychology: Science and Practice*, 6(2), 133-148

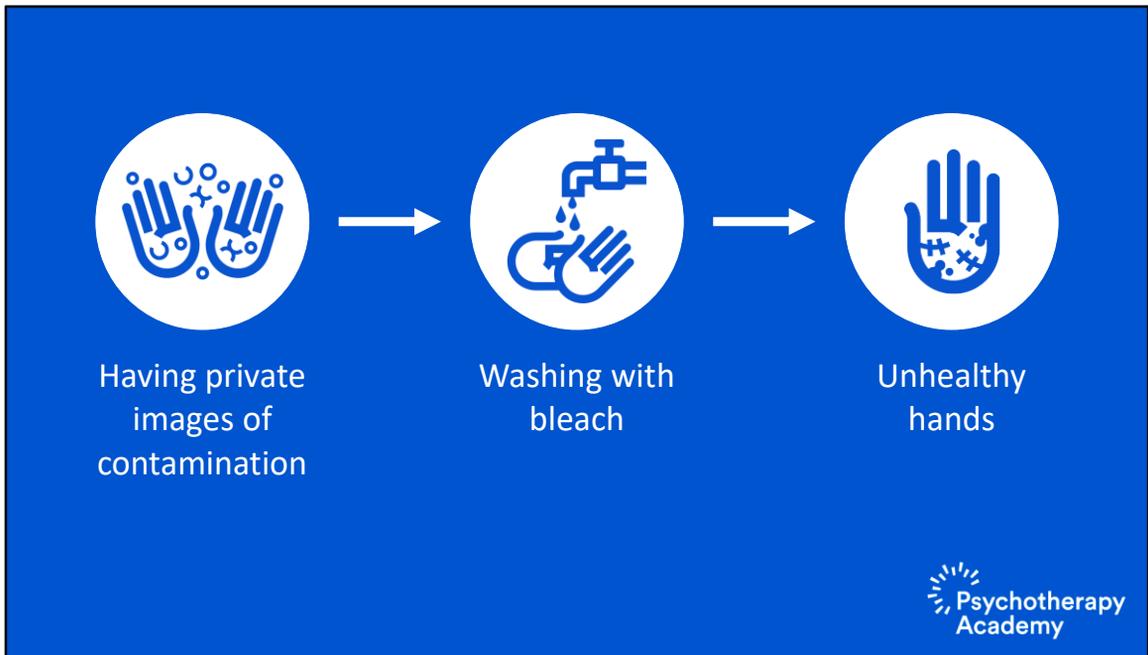
Wegner, D. M., Schneider, D. J., Carter, S. R., & White, T. L. (1987). Paradoxical effects of thought suppression. *Journal of Personality and Social Psychology*, 53(1), 5-13.



Take a look at the clinical situations that I brought up. The woman who drinks vodka to get rid of her thoughts of her infidelity and her shame, she probably feels more shame for passing out so often due to her alcoholism.



The woman who doesn't go outside and so she ends up with an agoraphobic repertoire and she stays in her house for years, she never gets a chance to counter-condition the anxiety. She never learns the skills on how to live a life outside. So staying inside actually makes it more likely that she'll stay inside.



The teenager who washes her hands over and over again might actually make lesions in her hands by using the bleach and the Brillo Pad and the really hot water. And now, she has taken her healthy hands and made them unhealthy and actually porous and more likely to be contaminated. So of course, she's washing them all the time.



The man who feels like he's been disrespected and then engages in road rage, at the end of that, maybe he realizes that doing so and acting violently actually makes him less respectable. And maybe his kids or friends in the car with him actually respect him less for flying off the handle.



**What are people doing in order to not
feel certain emotions?**

Is that attempt actually exacerbating their
clinically relevant problem?



In Acceptance and Commitment Therapy, we're looking for our client's repertoire of experiential avoidance. What are people doing in order to not feel certain emotions?

And is this attempt to not have these emotions and unwillingness to accept what is just genuinely showing up in their life, is that attempt actually exacerbating their clinically relevant problem?

Experiential avoidance in case conceptualization



- What is making their life less enjoyable?
- What is impeding them to follow through on their values?
- What is exacerbating the problem?
- What influences them to have a life that's inflexible?

When doing a case conceptualization, we're going to be talking to our clients and gathering data finding out what is it that you're doing related to the present problem that is actually making your life less enjoyable, impeding you from following through on your values and actually exacerbating the problem. In experiential avoidance in case conceptualization, we're recording what our clients are reporting and what we see from them that influences them to have a life that's inflexible.

Encourage acceptance



Actively contacting psychological experiences
directly, fully, without needless defense
while behaving effectively.

Hayes, S. C., Wilson, K. W., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*(6), 1152-1168.



And then we encourage them to accept their emotions, sensations and urges, be willing to actively contact them directly, fully without defending against them because that's what leads to effective behavior.

References

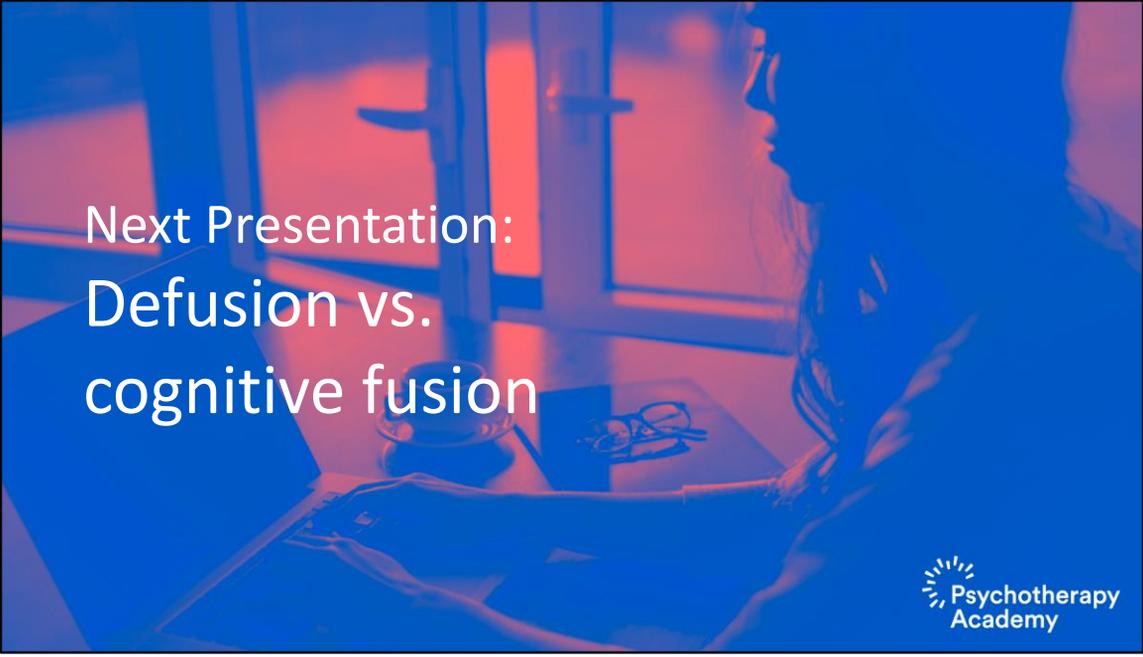
Hayes, S. C., Wilson, K. W., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*(6), 1152-1168.

Key Points

- Many people act as if their own private experiences, their emotions and their sensations need to be gotten rid of.
- The attempt to try to get rid of them actually makes them happen more.
- We are looking out for that in our case conceptualization.



The key point to this training is that many people act as if their own private experiences, their emotions and their sensations need to be gotten rid of. And the attempt to try to get rid of them actually makes them happen more and we're looking out for that in our case conceptualization.



Next Presentation:
Defusion vs.
cognitive fusion



Defusion vs. cognitive fusion

Dr. DJ Moran

In this training for Acceptance and Commitment Therapy case conceptualization, we'll look at the converse relationship between defusion and cognitive fusion.

Cognitive fusion



**Behavior is inflexible and influenced by
language and verbalizations.**

When behavior is inflexible and influenced more by language and verbalizations rather than by experienced environmental consequences, we can say that the person is engaging in cognitive fusion.

Cognitive fusion



The ACT 1999 book, the classic text uses an interesting turn of phrase when discussing cognitive fusion. It says that verbal symbols and environmental events are poured together as if two separate things, words and direct experiences become one compound. They become fused together. Think about two different things being fused together like when soldering or welding metals together. When a welder takes I-beams that are two disconnected items and welds them together, they become one solid rigid entity. No one would talk about them as if they were two things welded together. They might actually call it something else like that is a ceiling buttress. They are fused together and now it is one thing.



When words are spoken around certain events over time, they can bring along feelings, sensations and memories of past events.

That's metaphorically similar to what happens with language. When words are spoken around certain events over a period of time in a conditioning history happening that way, just the mention of some words brings along feelings, sensations and memories of the events that they were spoken around even if the certain events that they were related to are not actually present anymore.



Let's take a simple example. What would happen if you were giving directions to someone on how to drive to a certain destination and you tell them that they have to make a left turn on Fourth Avenue and Main Street and you didn't know that this person you're giving directions to actually was in a motor vehicle collision at that intersection 10 years ago? Just the mention of the words, the verbalizations, the guttural sounds you're making with your voice box might actually trigger the person who is comfortably sitting in your living room to have a minor anxiety experience. The current environmental experience is safe and secure but they get dominated by the verbalizations and might get shaken by those words. They might stop writing down the directions that you're giving them. They might get angry at you for innocently mentioning that intersection and choose not to get into the car to drive to that destination. That is an example of cognitive fusion.



Fusion can play a large role in human suffering when language reigns over behavior.



Fusion can play a large role in human suffering when language reigns over behavior.



“I am bad”

I = BAD

Relates the experience of the self with direct properties of “bad”

- To be avoided
- Malformed
- Socially punished

Evokes reactions conditioned to “being bad”

- Shame
- Guilt
- Depression

When private events arise such as a thought like “I am bad,” the person is entangled in that evaluation as if it corresponds to literal truth. The person is relating his experience to his own self, the I as if it were coordinated with direct aversive properties with the word bad. When bad has a history of being related to things to be avoided, things that are malformed or behaviors that are socially punished and the person has now coordinated bad with his self, then he ends up sharing the same stimulus of functions with bad. And that relationship right there can elicit or evoke reactions that are classically and operantly conditioned to badness such as shame, guilt, depression or things to be avoided.



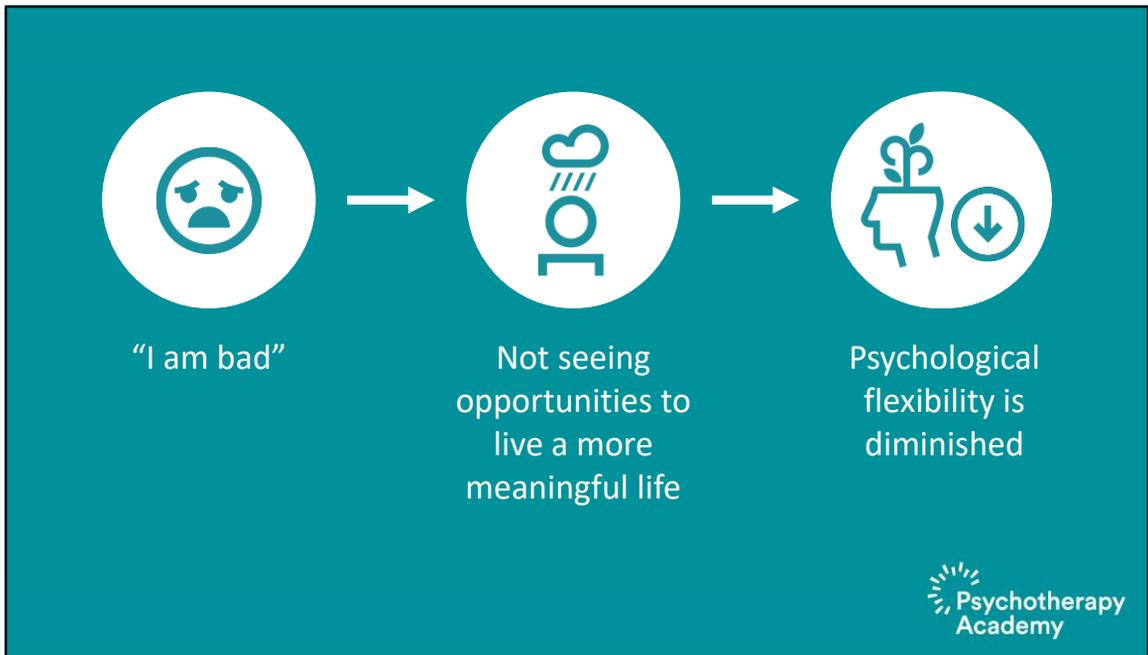
“I am bad”

I = BAD

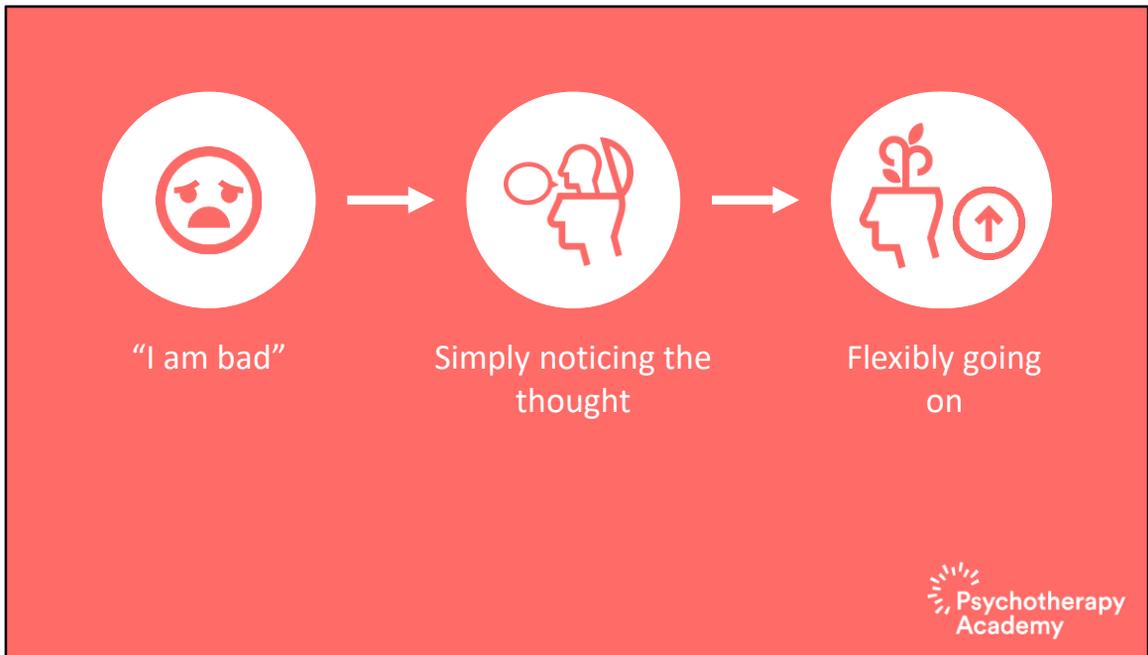
- Elicits sadness and dejection
- Makes valued actions less probable



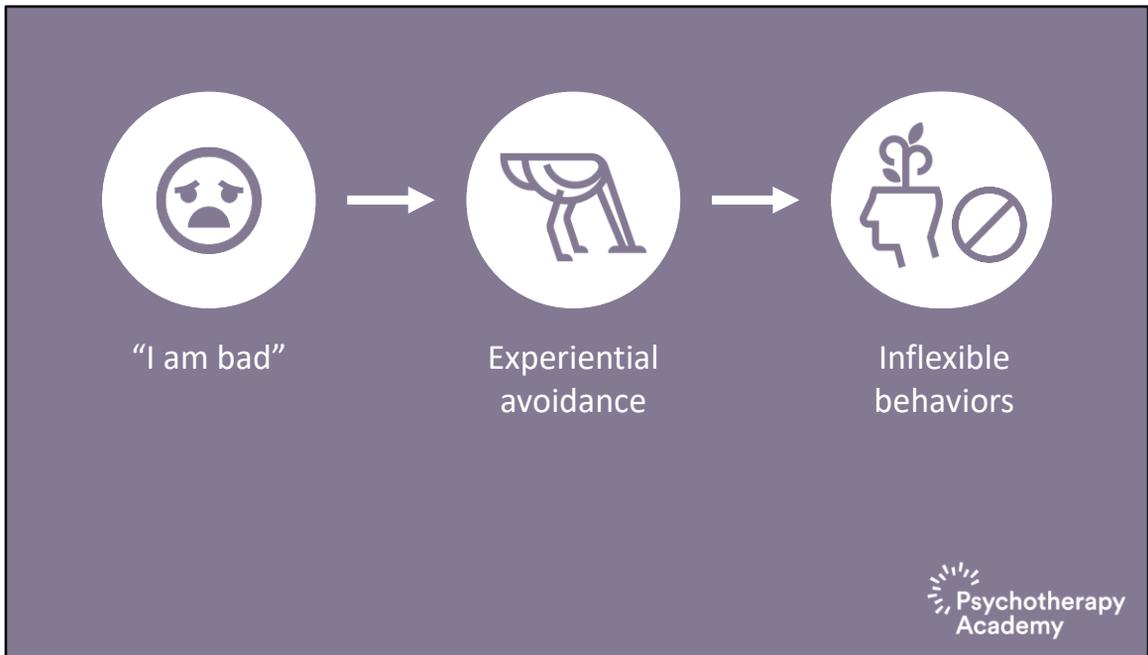
Fusing with the statement “I am bad” can elicit mood states such as sadness or dejection and make the valued actions the person cares about less probable. The mood state might narrow the person’s behavioral repertoire by reducing the effectiveness of certain reinforcers and reducing the effects of certain antecedent stimuli.



In simpler terms, when the person frequently tells himself “I’m a bad person” and believes or buys this kind of thought, is fused to that kind of thought, this person is more likely to be in a bad mood, thereby not seeing opportunities to live a more vital and meaningful life. And they may discount the positive things that are happening to them. This is diminishing psychological flexibility. And when we’re case conceptualizing, we’re on the lookout for this kind of cognitive fusion.

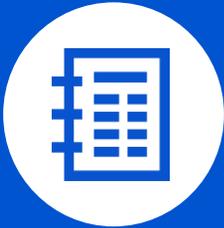


Because, in contrast, a person who can defuse from the thought "I am bad" might simply notice the thought, recognize it as a piece of history brought to bear on the present situation and flexibly go on with his current activity.



Additionally and perhaps more importantly to ACT case conceptualization, when a person is fused to their thoughts, they may attempt to avoid the unwanted thought and/or situations that evoke the thought. If fused with the thought “I am bad,” that thought can have aversive properties. And the experience of thinking “I am bad” itself becomes something to be avoided. An experiential avoidance agenda might get set up and then the losing game begins because any plans to avoid private content are likely to be followed by relatively inflexible behaviors characteristic of an experiential avoidance agenda. Suppose a person usually has thoughts of his own badness and then when going to a house of worship or visiting his parents, when this happens, he may actually choose to avoid practicing his spirituality or going to visit his family in the service of avoiding these thoughts even if these aspects of his life are important to him. He cares about spirituality and family but sometimes when going to worship houses or to visit his parents, he feels like he’s telling himself “I’m a bad person” or he’s reminded that he thinks these things and he gets fused to that content. These are the characteristics to a repertoire that are harbingers of fusion.

Cognitive fusion in case conceptualization



The ACT therapist can record instances of fusion on the Inflexahex worksheet, to address them with defusion.

And while using the Inflexahex worksheet, the ACT therapist can record instances of fusion and keep record to address them with defusion interventions later on in therapy.

Key Points

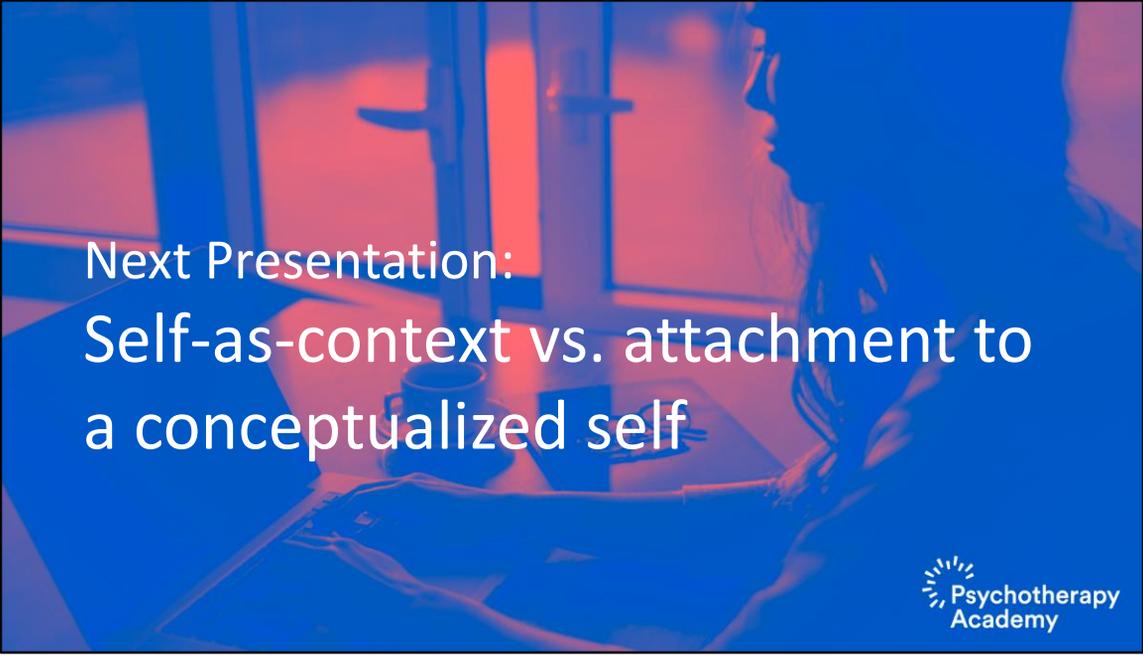
- When behavior is inflexible and influenced more by verbalization and language rather than by one's own experiential consequences, we can say that the person is engaging in cognitive fusion.
- We use the Inflexahex worksheet to record what content the client fused to, and then use that data for case conceptualization.



Two key points:

When behavior is inflexible and influenced more by verbalization and language rather than by one's own experiential consequences, we can say that the person is engaging in cognitive fusion.

Learning to defuse can be very helpful. So we're going to use the Inflexahex worksheet to make sure that we're recording what content is the client fused to and then using that data for a solid case conceptualization.



Next Presentation:
Self-as-context vs. attachment to
a conceptualized self



Self-as-context vs. attachment to a conceptualized self

Dr. DJ Moran

In this training for Acceptance and Commitment Therapy case conceptualization, we will look at the converse relationship between self as context and attachment to the conceptualized self.

The conceptualized self (self-as-content)



- It is useful
- It helps us integrate in a social group
- It is not problematic in and of itself

A conceptualized self is useful. It allows us to participate in the social community and talk to people and to answer questions such as: What is your name? What do you do for a living? Are those your children playing on the football field? and so on. Being able to say, my name is DJ, helps me to integrate myself in a social group. And being able to say, I'm a board-certified behavior analyst, helps me get jobs that earn money and pay for my children's football team membership. A conceptualized self is not problematic in and of itself.

The conceptualized self (self-as-content)

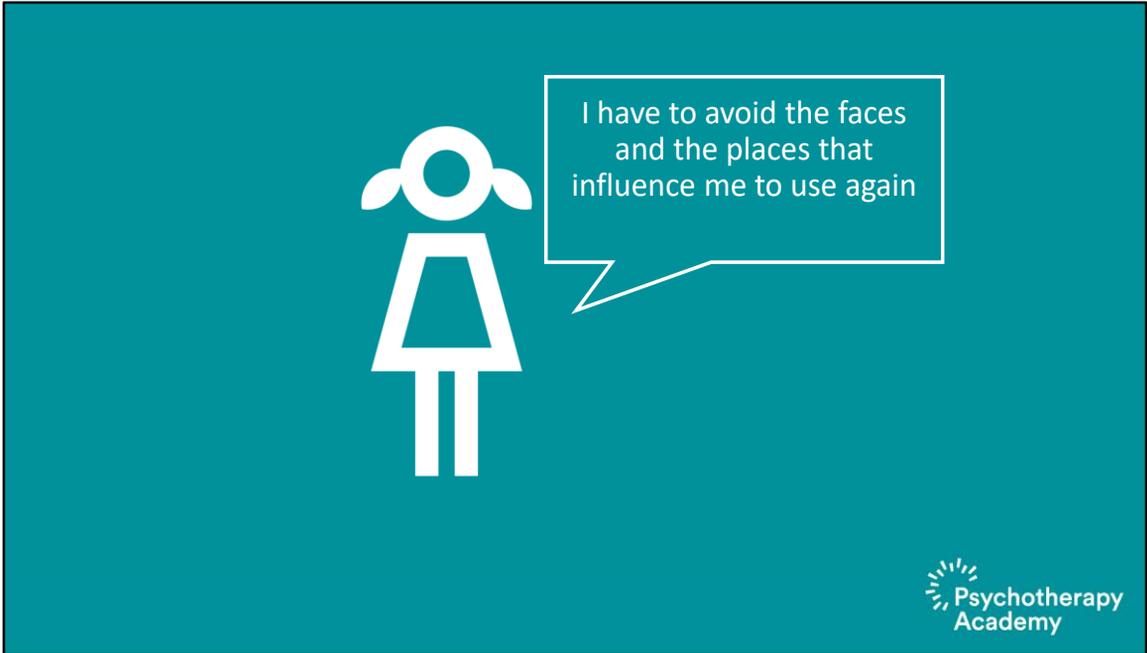


- Attachment can lead to psychological inflexibility
- We can rigidly hold on to descriptions that:
 - No longer apply
 - Increase our suffering
 - Contribute to ineffective behavior

Rather attachment to the conceptualized self can lead to psychological inflexibility. When one rigidly holds on to descriptions that no longer apply or that increase one's suffering or that contribute to ineffective behavior, then one may be attached to the conceptualized self. And during case conceptualization, an ACT therapist looks out for these issues.



Imagine someone who is in drug treatment recovery and her Narcotics Anonymous sponsor helps her to realize that she has an addiction repertoire and this person in recovery is able to say, I am a recovering addict. And because of this self-identity, she also has other verbalizations



Such as I have to avoid the faces and the places that influence me to use again.

I am choosing to continue going to weekly treatment sessions

! The conceptualized self is helping restrict unhealthy activities and motivating to continue with healthy ones.

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Or I am choosing to continue going to weekly treatment sessions that help me deal with my urges to use. In these cases, the conceptualized self is helping her restrict some of her unhealthy activities and also be motivated to continue with healthy activities.



The person is offered a dream job



“I don’t know if I can do that. I’m an addict.”



The conceptualized self is fostering inflexibility.

Now, the concern is what if the person is offered a dream job that would call on her skillsets but she also starts thinking, well, I don’t know if I can do that. After all, I’m an addict. And maybe this job opportunity has nothing to do with narcotics and it wouldn’t be very stressful to her but she just has this idea that only non-addicts deserve this kind of occupation and I am an addict.

See, at this point, the conceptualized self fosters inflexibility.

What would the ACT therapist do?



- Uses interventions and experiential work to build up self-as-context perspective
- Utilizes the Inflexahex worksheet to note what self-as-content is not being helpful
- Blends that point of view into the conceptualization on how to best treat the individual

It is at this point that the ACT therapist would engage in interventions and experiential work that might help her build up herself as context perspective. It could be very helpful in building up greater psychological flexibility for this client. An ACT therapist would do well to utilize the Inflexahex worksheet to note what self as content is being said in therapy sessions that are not helpful and then blend that point of view into the conceptualization on how to best treat the individual.

Key Points

- The conceptualized self is the verbal content that we use to define and describe ourselves.
- The self-as-content (the conceptualized self) isn't bad or pathological. In fact, it can be helpful at times.



There are a few key points to this training here.

The conceptualized self is the verbal content that we use to define and describe ourselves.

The self as content otherwise known as the conceptualized self isn't bad or pathological. In fact, it can be helpful at times.

Key Points

- Self-as-context exercises can help when the conceptualized self becomes problematic.
- Using the Inflexahex worksheet can assist with case conceptualization.



Self as context exercises can help when the conceptualized self becomes problematic. And using the Inflexahex worksheet can assist with case conceptualization.



Next Presentation:
Committed action
vs. persistent inaction,
impulsivity, or avoidance

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Committed action vs. persistent inaction, impulsivity, or avoidance

Dr. DJ Moran

In this training for Acceptance and Commitment Therapy case conceptualization, we'll look at the converse relationship between committed action and persistent inaction, impulsivity or avoidance.

Committed action vs. persistent inaction, impulsivity, or avoidance



- Influences clients to seek help
- “Symptoms”

In many ways, this might be the problematic domain that is most obvious to clients and influences them to seek help. This domain usually includes the obvious problems other people can see too. Now, we’re talking about the so-called symptoms that are often measured in psychopathology studies and are addressed in the empirically supported treatments.

The clinical question



What is the client doing
too much of,



too little of,



or doing in the
inappropriate context?

The clinical question in this domain might sound like, what is the client doing too much of, too little of or doing in the inappropriate context?

Case conceptualization



Understand what the person is doing in the service of experiential avoidance

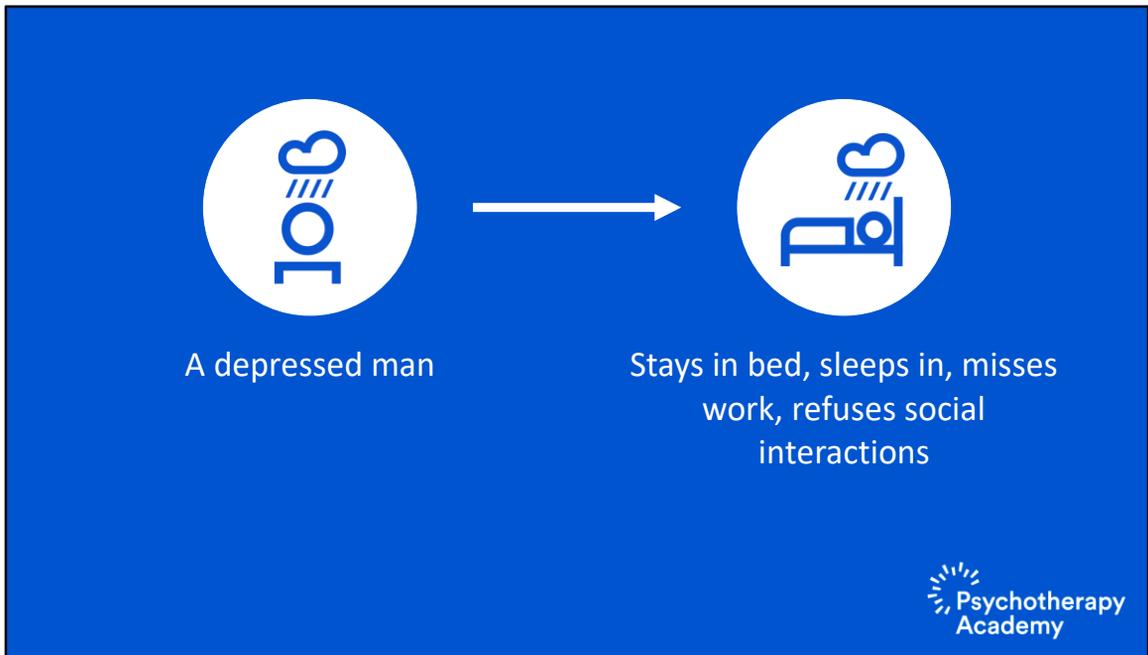


Notice inflexible behavior

During case conceptualization, the therapist is developing an understanding about what the person is doing in the service of experiential avoidance. Notice what the persons in these vignettes are doing too much of, too little of or doing inappropriately. And then notice the experiential avoidance and inflexible behavior supporting the problem.



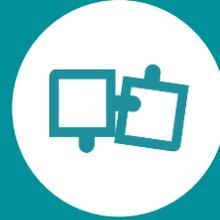
A woman who is unwilling to have thoughts and feelings about her infidelity may regularly run into her basement bar a few times a day to drown her sorrows with a quick belt of vodka in order to reduce her contact with those private events.



A depressed man stays in bed for a majority of the week because whenever he attempts to live towards his valued ends aversive private events arise. He has thoughts of difficulty and feelings of failure. And in the service of experiential avoidance, he develops a repertoire of inflexibly pulling the covers over his head to not come in contact with these private events. He goes to sleep and then he tries to take sleeping aids and maybe drinks a lot of alcohol so he knocks himself out again. He's trying to avoid these private events. He decides to sleep in, miss work, refuse social interactions and then sets up an agenda that keeps him from these kinds of aversive events by self-sabotaging these valued directed lifestyle that he could have instead.



A young man with an abusive boyfriend



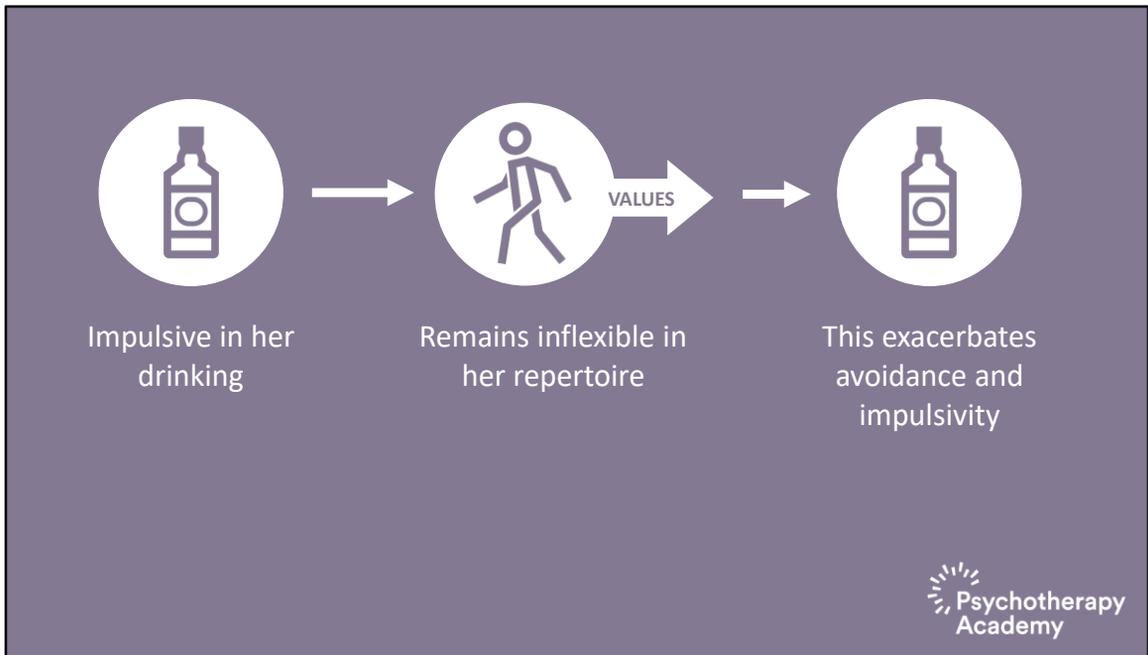
Claims to be dedicated to him even if it is a toxic relationship

A young man participates in a relationship with his abusive boyfriend. He claims, I'm dedicated to him even if this is a toxic relationship.

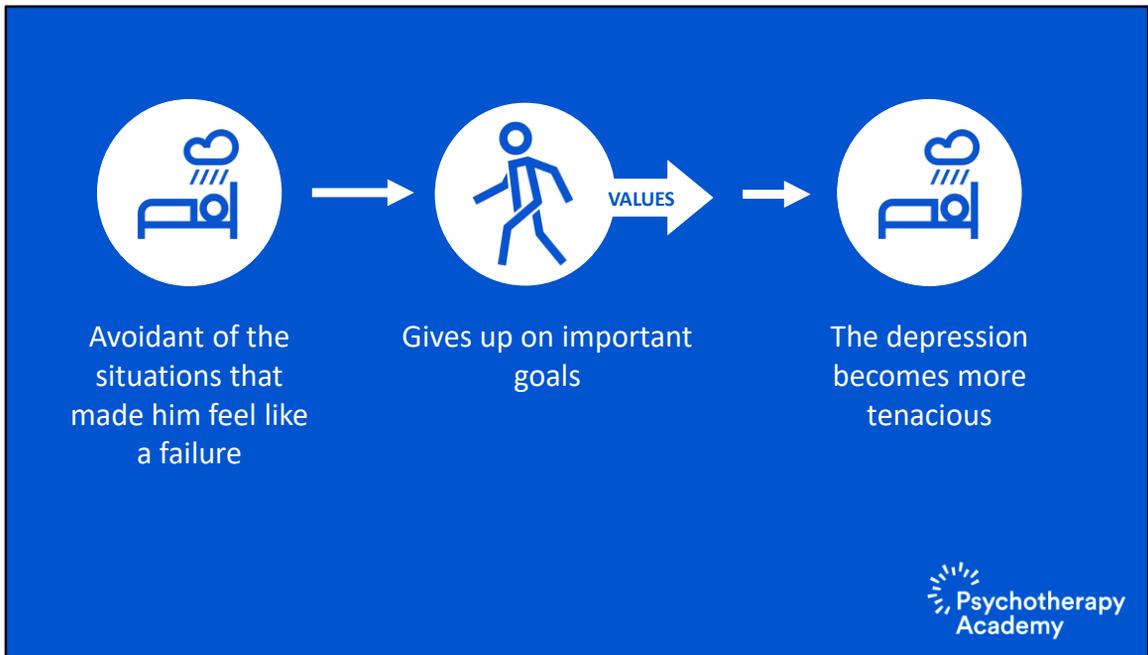


Can you identify what aspects demonstrated a lack of committed action?

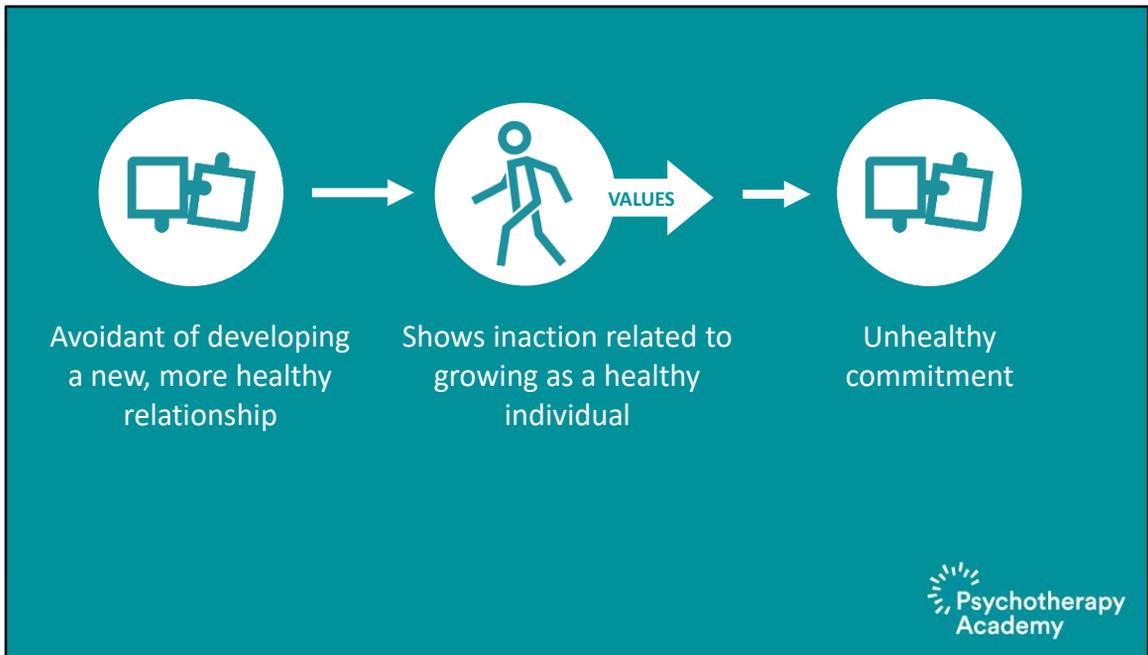
Now, in those three vignettes, can you identify what aspects of them demonstrated a lack of committed action?



The first woman, she was impulsive in her drinking and avoidant of her feelings of shame and thoughts of her adultery. She could commit to living a life of purpose and vitality even in the presence of these thoughts but she remained inflexible in her repertoire. Can you see how this alcohol dependence actually exacerbates the avoidance and impulsivity?



For the man who is depressed, he was very avoidant of the situations in his life that made him feel like a failure and he impulsively did behaviors that were quite like giving up on important goals. He could've made a commitment to start an exercise routine or go out for coffee with friends and maybe even regularly show up to work even in the presence of these private events. And this depressive repertoire continues in this downward spiral. He needs committed action to engage in behavioral activation because the more he acts depressed, the more tenacious the depression becomes.



And how about the man in the star-crossed relationship? Can you observe how he is avoidant of developing a new more healthy relationship? And he is showing inaction related to growing as a healthy individual. And someone who is new to ACT might think, oh well, he is showing commitment to his boyfriend. But that's not the kind of healthy commitment we're trying to foster in ACT.

Case conceptualization



- Use the Inflexahex worksheet
- Define what committed actions might be important and what actions are missing for the client

When you're doing your case conceptualizing with your clients and you're using your Inflexahex worksheet, also draw on any training you have had in behavioral assessment and measurement in order to help you with defining what committed actions might be important for the client and what actions and characteristics of behavior are missing for the client.

Case conceptualization



- Discuss behavioral goals
- Select the behavioral measure that might correspond with clinical improvement
- Ensure you are embracing empirically supported treatment approaches

In treating each case, we would discuss with the client what behavioral goals might be most prudent for treatment and select the behavioral measure that might correspond with clinical improvement. Also, during case conceptualization, ensure that you are embracing empirically supported treatment approaches to ascertain the most workable agenda for treatment.

Key Points

- The lack of committed action is the area of most presenting problems.
- During case conceptualization, be on the lookout for inaction, impulsivity and avoidance.
- Keep in mind the usefulness of empirically supported treatments while doing case formulation.



Some key points to this training.

The lack of committed action is the area of most presenting problems.

During case conceptualization, be on the lookout for inaction, impulsivity and avoidance.

And keep in mind the usefulness of empirically supported treatments while doing case formulation.



Next Presentation:
Values authorship vs. lack of
values clarity





Values authorship vs. lack of values clarity

Dr. DJ Moran

In this training for Acceptance and Commitment Therapy case conceptualization, we'll look at the converse relationship between values clarification and lack of values clarity. This training will be divided into two parts because a following training will show the converse relationship between values and dominance of pliance, avoidant tracking and problematic augmenting.

Values authorship vs. lack of values clarity



- Focus on struggles & obstacles regarding what they want their life to be about
- Look for statements and behaviors indicating a lack of vitality or intention

But let's talk about clear values first. This domain on the Inflexahex case conceptualization form focuses on the struggles and obstacles clients have regarding what they want their life to be about. The therapist is looking for statements and behaviors indicating a lack of vitality or intention.

Lack of vitality or intention



Indifference towards their
lifestyle



Feeling aimless



Feeling on a
treadmill

Inability to contact personal guiding principles



When a client discusses indifference towards their own lifestyle or that they feel aimless or like they're on a treadmill, the therapist can note the client's inability to contact personal guiding principles.

Lack of vitality or intention



Being unsure of their values

Behavior in the service of an unclarified value system.



Clients occasionally mention that they are not sure what their values are and may not understand that their behavior is still in the service of values but they're in the service to an unclarified value system.

Lack of vitality or intention



Verbalizing values but not responding accordingly
Lack of responsible behavior to support their values.



Some clients can half-heartedly verbalize what they care about and still not fully show up to their ability to respond, otherwise known as responsibility in context that supports those values. To say it again, some clients can kind of say what's meaningful to them but still not really own up to what they're responsible to do in those situations to support what they care about.



Identifying, recognizing and becoming present with what one truly values is critical to the case conceptualization.



Identifying, recognizing and becoming present with what one truly values is critical to the case conceptualization because it buoys the client's willingness for treatment and authenticates committed action.



Some clients may believe that they don't have any values. Sometimes, this occurs when a client verbalizes a value and then points out what a terrible job that person has been doing at living this value and wonders if they actually just don't really value those things.



Says she values being a loving parent

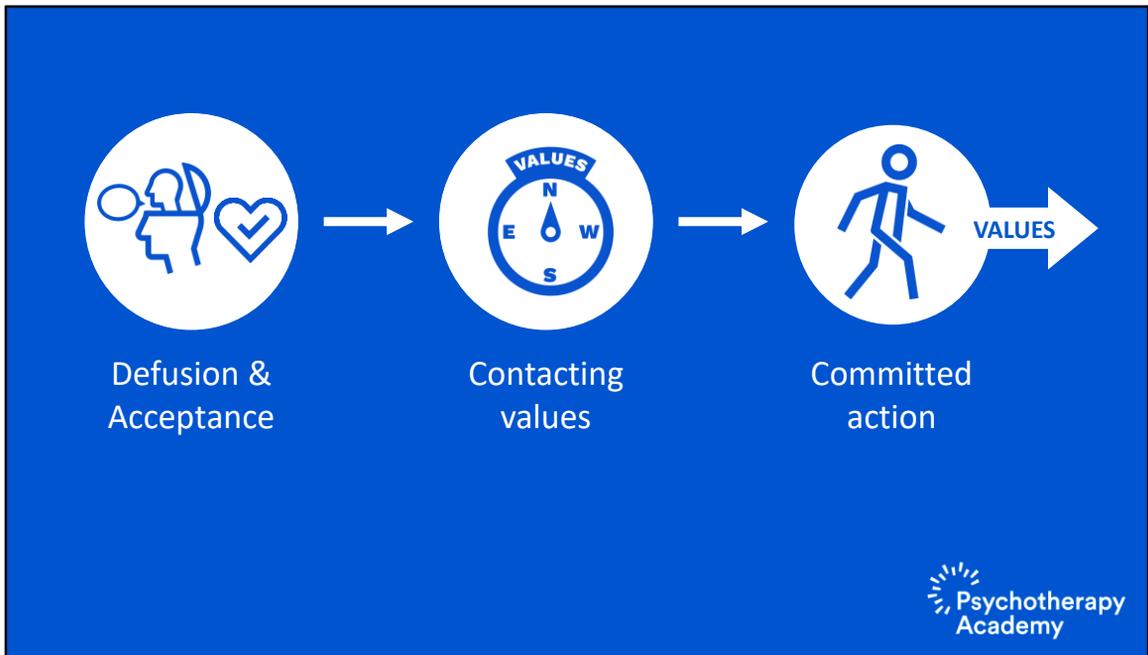


Then recalls abusing her son



Instead of evaluating the value, she is evaluating herself.

For instance, let's take a client who says that she values being a loving parent and then recalls how she abused her son while she was drinking. You might wonder if she really can value being a loving parent if she's hurt her child. In this case, instead of evaluating the value, she is evaluating herself.



With some defusion and acceptance work, she can get present with her values and with negative evaluations that might accompany contacting values. And then she can get moving and moving in that direction of doing what is vital and meaningful even in the presence of her troublesome emotions and memories of indiscretion.



People might be reluctant to verbalize their values.



Or people sometimes might be reluctant to verbalize their own values because they're afraid they're going to get evaluated as being silly or not important enough.

Identifying values



- Values aren't limited to heroism, altruism and saving the world
- Almost anything that brings vitality to the client's life is valuable
- It is important to start clients on the course to explore their values

It is critical that the therapist communicate that values aren't limited to acts associated with heroism, altruism and saving the world. While those are fine values, almost anything that brings vitality to the client's life is valuable. Other clients may struggle with identifying values because they've never been asked. Their personal experiences have never put them in contact with questions about what their truest desires are. We can also speculate that their history is fraught with people who modeled behavior that was counter to the client's values or people who punished values-directed behavior or discussions. It's not entirely necessarily to know why the client has not developed an integrated value system and it is important to start them on the course to explore those values.

Unrecognized values



- Looking for client's statements suggesting that they don't value anything
- Unlikely that anyone truly values nothing

Another part of the case conceptualization is looking for client's statements suggesting that they don't value anything. Often, such clients have completely pushed values out of their awareness perhaps because of anxiety or resignation or hopelessness or being overwhelmed with negative consequences of past behavior. While people may easily become disconnected from values, it is unlikely that anyone truly values nothing.

Unrecognized values



- We can ask questions, such as:
 - Was there a time when you wanted something, to be something, to do something?
 - In a world where you did care about something, what might that be?

Wilson and Byrd 2004 suggest contacting values with clients who deny them by asking such questions as: Was there a time when you wanted something, to be something, to do something? Or in a world where you did care about something, what might that be? During case conceptualization when looking for a lack of values clarity, these assessment questions are likely to come in handy.

No one starts out life wanting to be anxious,
depressed or drug addicted



If we hang in there with the client,
they may reconnect with hopes and dreams and
desires given up on long ago.



Wilson and Byrd also point out that no one starts out life wanting to be anxious, depressed or drug addicted and that if we hang in there with the client and nudge them towards looking at their own history, they may reconnect with hopes and dreams and desires given up on long ago.



- Recognizing one's own values sets the occasion for the person to be able to respond
- It is important to form a kind of relationship with our clients that opens up to discussing values

Recognizing one's own values sets the occasion for the person to be able to respond. They can have the response ability to themselves to move in that valued direction. So it is important to form a kind of relationship with our clients that opens up to discussing things that are meaningful and vital and being able to explore when people cannot articulate such ideas.

Key Points

- It is crucial that clinicians look for vitality or intention in a person's actions during therapy.
- Clinicians would do well to explore if clients are indifferent about their behaviors and life plans.



There are several key points to this training.

It is helpful and perhaps crucial that clinicians look for vitality or intention in a person's actions during therapy.

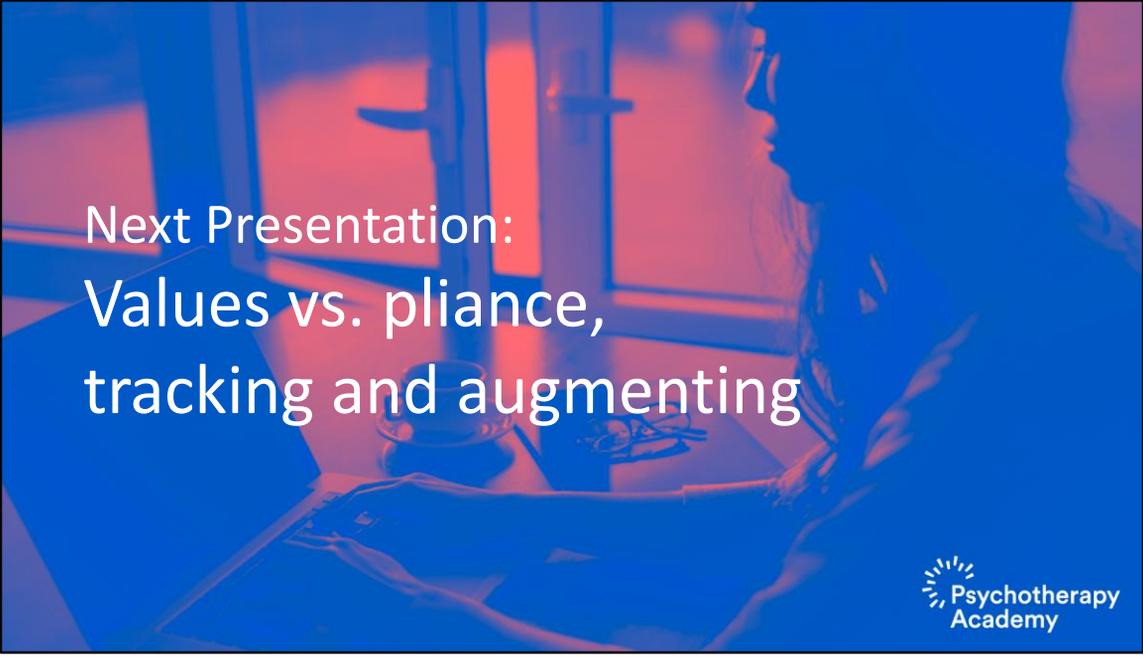
Clinicians would do well to explore if clients are indifferent about their behaviors and their life's plans.

Key Points

- Sometimes unclear values lead to greater struggle in therapy.
- Clients might articulate not having values because they're afraid they will be judged.



And it is important in ACT to understand that sometimes unclear values lead to greater struggle in therapy and the client might not have had an opportunity to develop strong value statements in their life or might articulate not having values because they're too afraid that they'll be judged for the types of values that they have.



Next Presentation:
Values vs. pliance,
tracking and augmenting

 Psychotherapy
Academy



Values vs. pliance, tracking and augmenting

Dr. DJ Moran

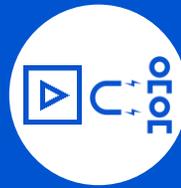
In this training for Acceptance and Commitment Therapy case conceptualization, we'll look at the converse relationship between values and dominance of pliance, avoidant tracking and problematic augmenting.



Pliance



Tracking



Augmenting

Types of rule-governed behavior

People learn and are influenced by learning about the environment through language.



Now, let's define these three jargon terms from Relational Frame Theory's literature – pliance, tracking and augmenting.

These three are all types of rule-governed behavior. And please understand that this is just a simple primer on this topic. This training is just attempting to help introduce the very basics of these topics so that you can use them in case conceptualization. Further reading and supervision are certainly required to gain mastery of these topics.

Rule-governed behavior is a Skinnerian term when he was highlighting the difference between how people learn about the environment from direct contingencies and how people learn and are influenced by learning about the environment through language. There are many complex but useful details about how to capitalize on language in the RFT literature and in Skinner's writings but let's put focus on these three areas of rule-governed language behavior. Pliance, tracking and augmenting can all be observed in session and can be useful in case conceptualization in ACT.

Pliance



Behavior under the control of socially mediated consequences for a correspondence between the rule and relevant behavior.

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.



Let's start with pliance. This is a type of "rule-governed behavior under the control of apparently socially mediated consequences for a correspondence between the rule and relevant behavior." That's from Hayes, Zettle and Rosenfarb 1989. Now, that is as complex as we'll go with these definitions.

References

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.

Pliance



Someone engages in a behavior because they were told to do so and because someone else will provide reinforcement for such compliance and punish noncompliance.

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.



And we can just look at pliance as when someone engages in a behavior because they were told to do so and someone else, a parent, significant other or maybe their perception of society in general will provide reinforcement for doing such compliance and punish noncompliance. Notice this technical term is in the root of the word compliance. Pliance comes from socially mediated consequences. To put it very simply, pliance is when a response occurs because someone was taught to do something through language and the person does it not for the natural consequences but because someone else will provide consequences for following through or not following through on that behavior. We'll look at an example in a few moments.

References

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.

Tracking



Behavior under the control of the apparent correspondence between the rule and the way the world is arranged.

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.



But let's next define tracking. This is a type of "rule-governed behavior under the control of the apparent correspondence between the rule and the way the world is arranged." Now, that's also from Hayes, Zettle and Rosenfarb 1989.

References

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.

Tracking



Following a rule because of the natural consequences.

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.



Basically, tracking is when you follow a rule because of the natural consequences. This is probably why we have rules in the first place. When a caretaker tells a kid, don't touch the stove because you will burn your hand and get hurt, and the kid follows through on that rule for the natural consequences of staying comfortable and keeping his hands from getting blistered, that's tracking.

References

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.

Wear your mittens, it's cold outside



Why are you wearing your mittens?

Pliance

Because if my mom sees me wearing my mittens, she'll probably give me hot chocolate.

Tracking

As long as I'm wearing my mittens, I wouldn't get frostbite and my hands will be warm.

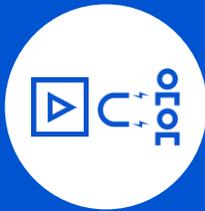


Let's look at another example but this time we'll discriminate the difference between tracking and pliance. Suppose a mother tells her daughter, wear your mittens, it's cold outside. And then when she's outside making the snowman, we can go up to the girl and say, why are you wearing your mittens? And she might say, because my mom told me to. And then we might query a little bit further, but yeah, why are you listening to your mom when she told you to wear your mittens? And she says, because if my mom sees me out here wearing my mittens, then she'll probably give me hot chocolate for being a good girl. But if she sees me out here not wearing my mittens, she's going to call me inside and I wouldn't be able to make my snowman. At that point, that is pliance. She is engaging in the rule-governed behavior because of the consequences being meted out by her mother.

But let's say the girl is making her snowman and we walk up to her and say, why are you wearing your mittens? And she says, because my mom told me to. And then we ask a little bit further, yeah, but why are you listening and obeying what your mom said? And she says, well, as long as I'm wearing my mittens, I wouldn't get frostbite and my hands will be warm enough for me to continue to make this snowman. If I take them off, I might get frostbite and it would hurt and I wouldn't be able to make my snowman. That is tracking. She is getting reinforced by the natural consequences of following through on the rule. You can see that it can be same the words in a rule,

the same language. Wear your mittens; it's cold outside. But the function is very different because of which consequences are influencing the behavior.

Augmenting



Behavior under the control of apparent changes in the capacity of events to function as reinforcers or punishers.

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.



Now, augmenting is also a type of rule-governed behavior and it is “under the control of apparent changes in the capacity of events to function as reinforcers or punishers.” And that comes from Hayes, Zettle and Rosenfarb again from 1989. Now, again, that is as complex as we’re going to get in this training. But we’re talking about how words alter environmental stimuli to be something that punishes or reinforces behavior. Just the word augments suggests an enhancing or heightening of a state of affairs. Augmenting is more subtle than pliance and tracking and no less important. And we’re looking out for this in the case conceptualization when we’re working with our clients.

References

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.

Augmenting



When certain things in the environment have their functions changed because of what is being said about it.

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.



So to put it more simply, augmenting occurs when certain things in the environment have their functions changed because of what is being said about it.

Advertisers rely on augmenting to sell their products. How about, wouldn't you look good driving a Toyota? Or a commercial saying, an ice-cold Budweiser would hit the spot. Toyotas and Budweisers are in the person's environment but their ability to reinforce the person's responses is now likely increased or augmented after hearing these types of commercials.

References

Hayes, S. C., Zettle, R. D., & Rosenfarb, I. (1989). Rule-following. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies, and instructional control* (pp. 191-220). New York, NY, US: Plenum Press.



Language-based behavior has the potential for changing overt behavior.



This is another case where language-based behavior has the potential for changing overt behavior. When therapists understand these concepts, it can assist in case conceptualization.

Dominance of pliance



Contributes to inflexibility when the client is engaged in a repertoire because “they have to”.

Look at the Inflexahex worksheet and just think about what dominance of pliance means as a contributing factor to inflexibility. This might come up as a concern when a client is engaged in a repertoire that they don't find to be personally meaningful or vital. They do it because “they have to.”

Dominance of pliance



Take for example a 36-year-old client who loves her dancing career and wants to dedicate her life to being a dancer and a choreographer but quits because her mother is constantly complaining that she wants grandchildren. And she tells our client, you should be getting pregnant and having babies. And the client knows that her mother will resent her and cut her out of the will if she doesn't do just that. And so the woman engages in that rule-governed behavior under the control of apparent socially mediated consequences for a correspondence between the rule and the relevant behavior. In other words, she becomes a mom and stops her dedication to a career in dance because of her mother's languaging. She was dominated by pliance and that reduced her flexibility in relation to her artistic values.



How have clients been dominated
by pliance?



Think about how clients you have treated have been dominated by pliance. Heck, think about how you have been dominated by pliance in your own life, how expectations from society or loved ones have interacted with you and made you go against your values and led to inflexible behavior. Be on the lookout for this kind of concern when treating your clients.

Avoidant tracking



How could tracking be a problem?

Now, let's move forward and talk about tracking. How could tracking be a problem? I mean, after all, tracking is simply following a rule for its natural consequences. Well, sometimes, this can take the form of avoidant tracking.

Avoidant tracking



"I'm so stressed out of this job. I wish I could relax"



"I got a good idea"



Drug abuse

How about this example. A person is complaining at work to a fellow employee and saying, oh, I'm so stressed out of this job. I really wish I could relax. And the coworker says to the person, hey, I got a good idea. Let's go to happy hour tomorrow and then after happy hour, come back to my house. And if all goes well tonight, I'll be able to score some heroin from my dealer. And if we have some heroin tomorrow night, maybe we can shoot up all weekend and we can nod off and we'll really be relaxed. That is tracking. If you followed one of the words, the natural consequences will be that you'll nod off and get relaxed but it's avoidant tracking. The person is avoiding dealing with stress in a more functional and flexible way and it's obviously going to lead to some kind of drug abuse problem. Clearly, this kind of languaging leads to inflexibility and a clinically relevant concern on this part of the person. So while in therapy, we want to see if our clients are engaged in any avoidant tracking.



Are they buying into any rules that will naturally lead them down a problematic path?



Are they buying into any rules that will naturally lead them down a problematic path?

Problematic augmenting



Clinically relevant in relation to both values and avoidance.

Finally, problematic augmenting is clinically relevant in relation to both values and to avoidance.

Augmenting in relation to values



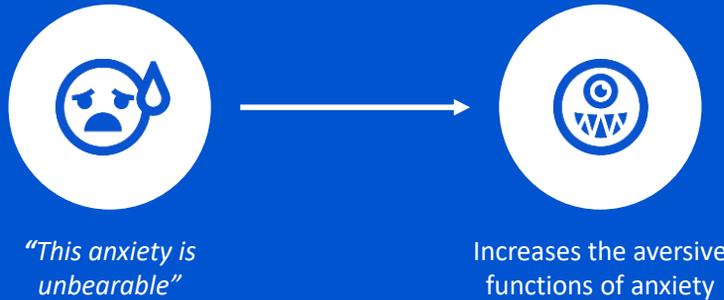
"I value staying physically fit"



Increases the reinforcing functions of jogging

For instance, when a person makes a value statement such as, I value staying physically fit, then this statement may function as an augmental by increasing the probability that the speaker will go on a morning jog rather than sleeping in an extra 30 minutes. That value statement increases the reinforcing functions of jogging.

Augmenting in relation to avoidance



Alternately, problematic augmenting may increase avoidance when an individual follows a rule such as this anxiety is unbearable. This type of verbal behavior may function as an augmental increasing the aversive functions of anxiety.

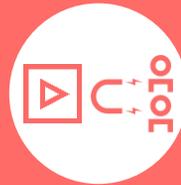
Problematic augmenting



Often combined with
pliance and tracking.

As you may notice in the examples, augmenting is oftentimes combined with pliance and tracking.

Rule-governed behavior



Language can sometimes run counter to one's values, and contribute to clinically relevant behavior and inflexibility.

In all, this training has been about how rule-governed behavior, language can sometimes run counter to living life according to one's clarified values. Such language gone awry will contribute to clinically relevant behavior and inflexibility.

Key Points

- This is a primer on pliance, tracking and augmenting and how each one can contribute to inflexibility.
- Dominance of pliance happens when people engage in inflexible behavior because of how society or other people might mete out the contingencies on following through on certain rules.



There are several key points to this training.

First, understand that this is just a simple primer on the topic of pliance, tracking and augmenting, these topics, ways of talking about rule-governed behavior and how each one can contribute to inflexibility.

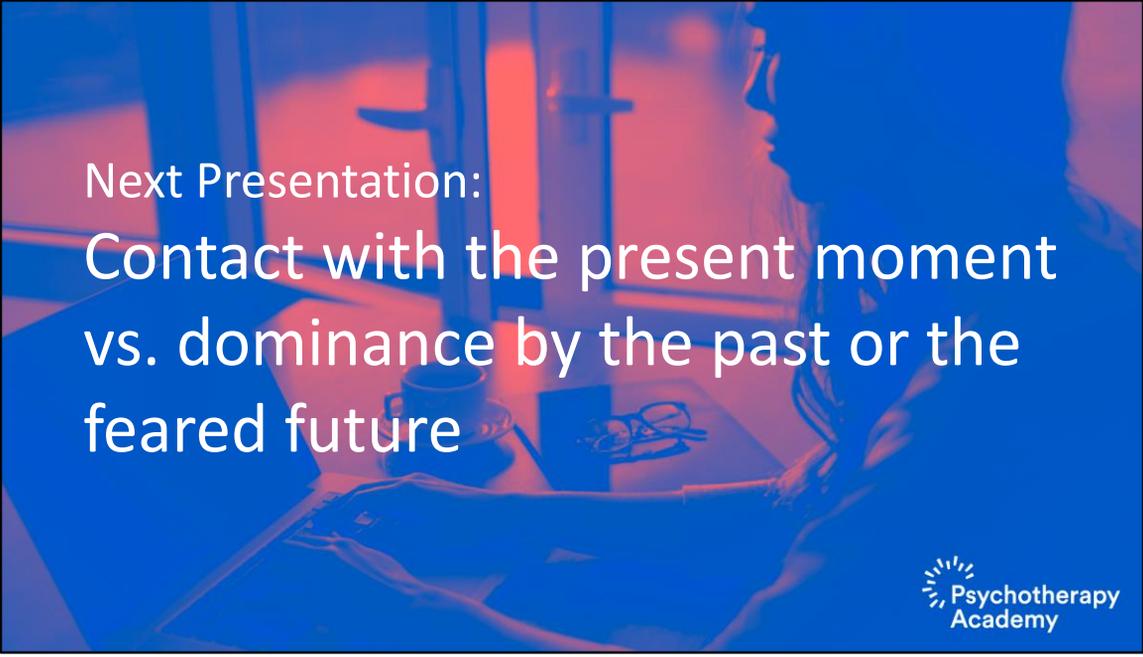
Dominance of pliance happens when people engage in inflexible behavior because of how society or other people might mete out the contingencies on following through on certain rules.

Key Points

- Avoidant tracking is when people get the natural reinforcement for following certain rules, but might also lead to inflexibility.
- Problematic augmenting is when words are used to alter the reinforcing or punishing contingencies.
- Pliance, tracking and augmenting can be clinically relevant and have an impact on valued living.



Avoidant tracking is when people get the natural reinforcement for following certain rules but they also lead to avoiding life on life's terms. So it might lead to inflexibility. Problematic augmenting is when words are used to alter the reinforcing or punishing contingencies. Language changes how impactful something is. When someone says, my depression is insurmountable, it has an impact on how much effort they might put into getting better. People get the natural reinforcement for following certain rules but they also lead to avoiding life on life's terms. So it might lead to inflexibility. Pliance, tracking and augmenting can be clinically relevant and have an impact on valued living.



Next Presentation:

Contact with the present moment vs. dominance by the past or the feared future

 Psychotherapy
Academy

Avoidant tracking is when people get the natural reinforcement for following certain rules but they also lead to avoiding life on life's terms. So it might lead to inflexibility. Problematic augmenting is when words are used to alter the reinforcing or punishing contingencies. Language changes how impactful something is. When someone says, my depression is insurmountable, it has an impact on how much effort they might put into getting better. People get the natural reinforcement for following certain rules but they also lead to avoiding life on life's terms. So it might lead to inflexibility. Pliance, tracking and augmenting can be clinically relevant and have an impact on valued living.



Contact with the present moment vs. dominance by the past or the feared future

Dr. DJ Moran

In this training for Acceptance and Commitment Therapy case conceptualization, we'll look at the converse relationship between contact with the present moment and dominance by the past or the feared future.



Many clients are fused with the verbally constructed past and future



Participating in “now” can be a challenge



Words have a pull towards the future, the past and often the negative



Many clients are fused with the verbally constructed past and future at the expense of contact with the current environment and effective behavior in the present moment. Thanks to language or relational framing, participating in now can be a challenge. Words just seem to have a pull towards the future and the past and even often towards the negative.

Contact with the present moment



- The mind detects and evaluates external dangers and develops plans for adapting to them
- These same processes are applied to the content of our private world
- When doing so, we see and produce negativity

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



In the original ACT book by Hayes, Strosahl and Wilson from 1999, the authors write “a mind is a wonderful tool for detecting and evaluating external dangers and developing plans for adapting to these demands but we cannot avoid applying these same processes to the content of our private world. When we do so, we both see and produce negativity.”

References

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

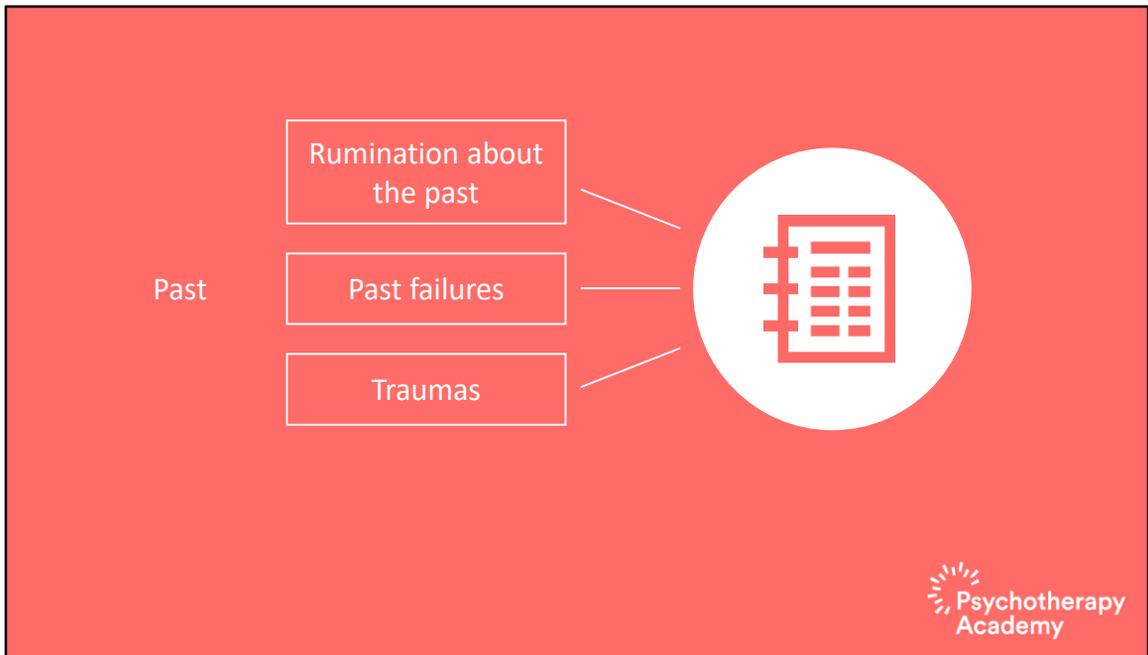
Contact with the present moment



- Language can be helpful but it can also be problematic
- The present moment is the only time behavior happens
- Language can make us think about the past or the future in a way that has a deleterious impact



Language can be helpful but it can also be problematic and take us out of contacting the present moment. One of the problems with that is the present moment is the only time behavior happens. And sometimes, our present moment isn't being spent on doing values-based behaviors but rather getting caught up in past memories or future worries. Not only do people sometimes construct unproductive futures with language such as telling one's self, if I don't take a three-hour shower this morning, then something terrible will happen today. Sometimes, evaluations of the past and ruminating with language about failures can also sully a perfectly good current moment. Language can sometimes make us think about the past or think about the future in such a way that it actually has a deleterious impact on a life well lived.



This is what the ACT therapist is looking out for in session and will do well to record such instances of there and then thinking on the Inflexahex worksheet. During therapy, the clinician might begin to notice the client ruminating about something that happened many years ago. They might talk about how they were reared by their parents or talk about a past failure or continue to review a trauma. And this is typical conversation in therapy. And discussing the past is of course going to happen in counseling.

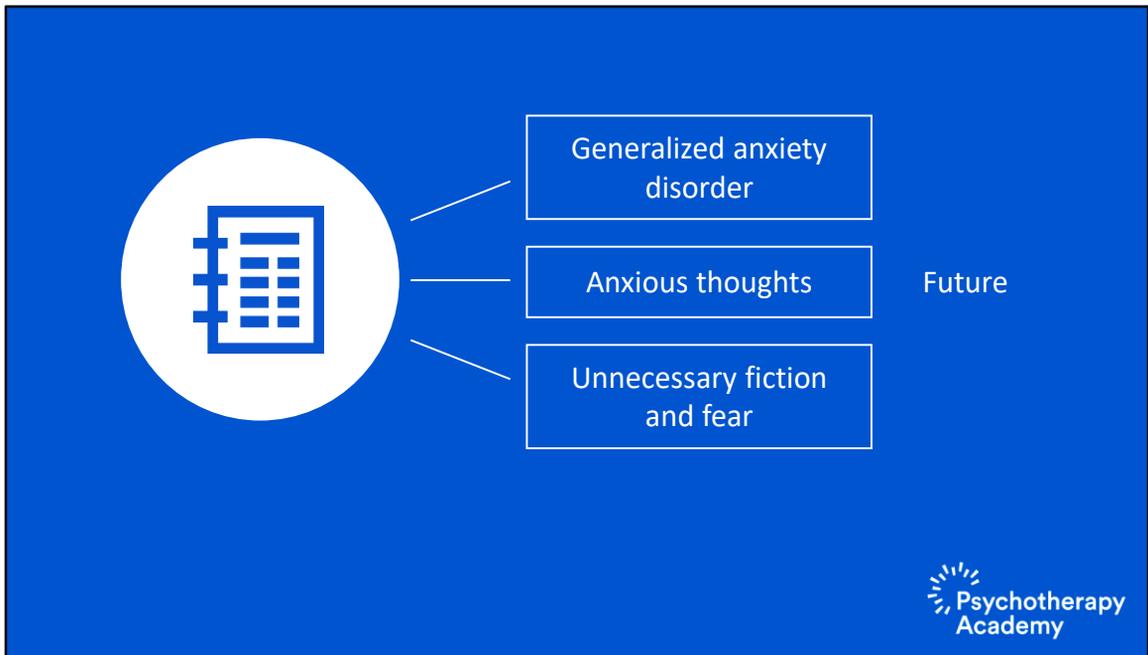


PTSD



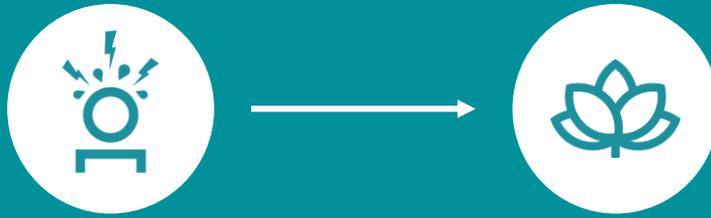
- New relationship with the evaluations and the memories of the past
- Contacting the present moment rather than get dominated by the past

And the therapist is going to continue to invite the client to contact the present moment and help the client develop a new relationship with the evaluations and the memories of the past in the present moment. The ACT clinician wants to encourage the client to contact the present moment rather than get dominated by the past. This would be an approach that could be helpful for someone dealing with PTSD.



On the other hand, contact with the present moment is also helpful for people who are regularly worried about the future.

This could be the case in generalized anxiety disorder. A client may get beleaguered by anxious thoughts about things that may never happen and their present moment is polluted by fiction and fear that might be unnecessary.



- Developing a different relationship with these worries
- Bringing the person into the here and now

This is when the mindful approach in ACT helps the person develop a different relationship with these worries and brings the person into the here and now because that is the only time and place that behavior happens anyway.



**Jot down different statements about the past or the future,
then discuss and treat that content in session.**

When using the Inflexahex to case conceptualize, the clinician can jot down different statements being made about the past or the future by the client and consider that content as something to be discussed and treated in session.

Key Points

- Language helps us to remember important things from the past or plan events in the future.
- This skillset can sometimes pull us out of the present moment in unhelpful ways.



There are several key points to this training.

Language is helpful especially when it helps us to remember important things from the past or plan events in the future. And this skillset can sometimes go awry and pulls us out of the present moment in unhelpful ways just the same.

Key Points

- PTSD is domination by the past and generalized anxiety disorder is domination by a feared future.
- Mindfulness can assist with these types of concerns.



PTSD is domination by the past and generalized anxiety disorder is domination by a feared future.

And finally, mindfulness can assist with these types of concerns.



Next Presentation:
Reviewing the Inflexahex

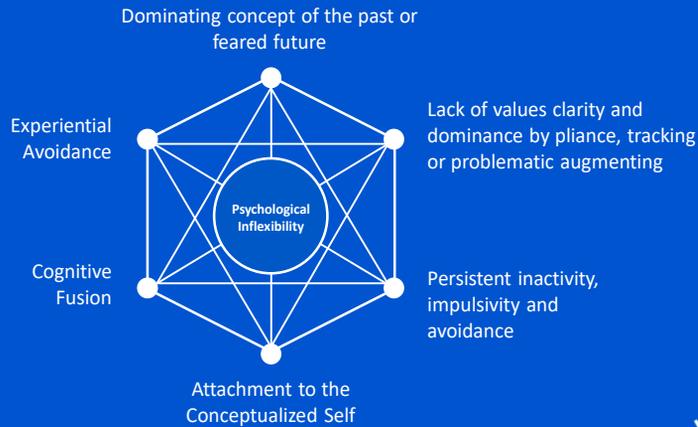


Reviewing the Inflexahex

Dr. DJ Moran

In this training for Acceptance and Commitment Therapy case conceptualization, we'll look at the entire Inflexahex worksheet again this time for review. And we'll also look at an example on how it can be used.

The Inflexahex model



By now, hopefully, you went through all the trainings for each point of the hexagon and you are familiar with these areas of inflexibility – experiential avoidance, cognitive fusion, attachment to the conceptualized self, persistent inactivity, impulsivity and avoidance, lack of values clarity and dominance by pliance, tracking or problematic augmenting and dominating concept of the past or feared future.

The Inflexahex worksheet



- To document the client's issues to develop treatment plans
- Helps track all that is emblematic of inflexibility



The entire Inflexahex worksheet can be used for documenting the client's issues and then we can utilize such notes to develop treatment plans.

The whole point of the Inflexahex worksheet is to help the clinician track what is being said and done by the client that is emblematic of inflexibility. As therapists begin to understand the ACT model better, it becomes simpler to see and hear when the client is engaging in language or actions that demonstrate an inflexible and clinically relevant repertoire. In the upcoming trainings, you will see clinical vignettes, you will experience a clinician and a client talking to each other. And then take a closer look at how the Inflexahex worksheet is completed.



- Dealing with PTSD
- Childhood sexual abuse
- In his late 40s

Let's actually take a listen to one interaction that I was having with one of my clients. He was dealing with PTSD from childhood sexual abuse. He was ritually abused by a clergy member when he was a young boy and he was seeing me for therapy when he was in his late 40s. Let's listen in.



Dr. Moran: Can you give me a better sense of what kinds of thoughts you've been struggling with since starting your lawsuit with the Church?

Patrick: The main thing is that I'm a dreadful Christian. I mean, my gosh, I haven't gone to mass for weeks. Therefore, I'm not taking the Eucharist. I feel like I'm so crummy. I don't even think I'm worthy to go to church, not even the penance either. I don't feel even slightly motivated to anymore though.

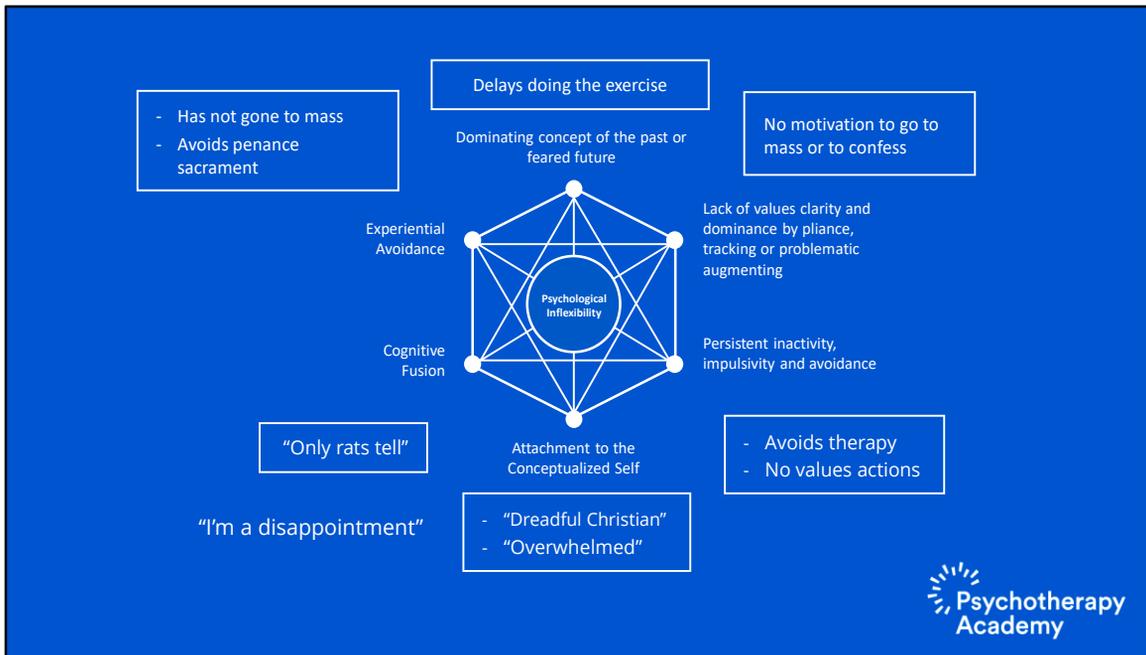
Dr. Moran: Okay. I hear your self-judgment in that.

Patrick: Of course, I judge me. Only rats tell. I'm a disappointment to many people. Whistleblowers are scum. And here I am, the scummiest of rats.

Dr. Moran: Do you mind if we do an exercise with some of these thoughts?

Patrick: Clearly, I'm a bit overwhelmed this week. Can we do your exercises some other time?

That interaction between the client and me took less than a minute.



Now, let's take a look at just how much inflexibility can be seen. If you take a look at experiential avoidance, you see that he hasn't gone to mass and he avoids the penance sacrament.

If you go to dominating concept of the past and the feared future, he wants to delay doing the exercise instead of contacting the present opportunity to do the exercise that I was suggesting that he participate in. He has a lack of values clarity. He just doesn't have the motivation to go to mass or to confession anymore. Talking about the converse side of committed action, he attempts to avoid the therapy. There's inaction related to mass and penance and he avoids doing any values actions. At the bottom where the attachment to the conceptualized self is in the Inflexahex, I wrote down the fact that he would say things like I'm a dreadful Christian, I'm so crummy, I'm not worthy to go to church, I'm overwhelmed. He's dominated by these conceptualized ideas about his self. And then he's also fused to the idea, only rats tell. Whistleblowers are scum. I'm a disappointment. He's fused to these kinds of things. Just in case you're looking at that last one, I'm a disappointment, that could also be an attachment to the conceptualized self. Some of the things in the Inflexahex overlap.

But the main point I'm trying to illustrate here by showing you each one of the six points in the Inflexahex, that they all get filled in. And this therapy exchange lasted

less than a minute and we can see this much inflexibility on the Inflexahex worksheet.



Case conceptualization:

- Clinically relevant concerns
- ACT interventions to use for each domain

This helps us engage in case conceptualization. After one minute of Patrick and I interacting, I was able to discover this much inflexibility and put it on the Inflexahex worksheet. And it is at this point that I'm able to case conceptualize where am I going to go with Patrick next. Given all of this inflexibility, how is it contributing to his clinically relevant concerns? And what ACT interventions am I going to be able to use for each one of these domains of inflexibility?

The Inflexahex worksheet



- What is the client struggling with?
- How can you move forward in therapy?

The Inflexahex worksheet gives us an ability to take a look at what our client is struggling with and how you can move forward in therapy with interventions. As we move forward in training ACT case conceptualization, we'll talk more about what happened with Patrick and what can happen with other clients when therapists use the Inflexahex worksheet for ACT case conceptualization.

Key Points

- The Inflexahex worksheet can be used for documenting client issues to develop treatment plans.
- It can be filled with examples of the person's repertoire that lead to inflexibility.
- It is a powerful tool for ACT case conceptualization.



The key points to this particular training is that the entire Inflexahex worksheet can be used for documenting client issues, we can utilize such notes to develop treatment plans and that you can fill up an Inflexahex worksheet with lots of examples of the person's repertoire that leads to inflexibility just in a short period of time. The Inflexahex worksheet is a powerful tool for ACT case conceptualization.