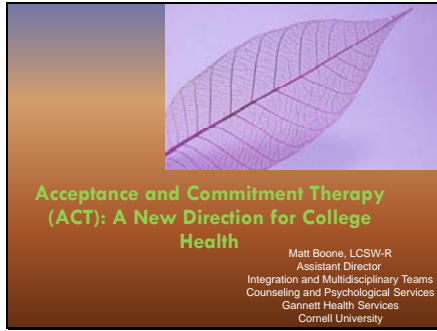


# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

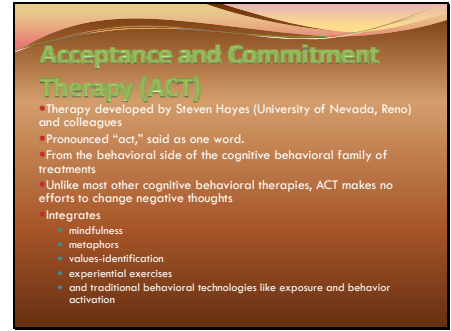
Slide 1



Acceptance and Commitment Therapy (ACT): A New Direction for College Health

Matt Boone, LCSW-R  
Assistant Director  
Integration and Multidisciplinary Teams  
Counseling and Psychological Services  
Gannett Health Services  
Cornell University

Slide 4



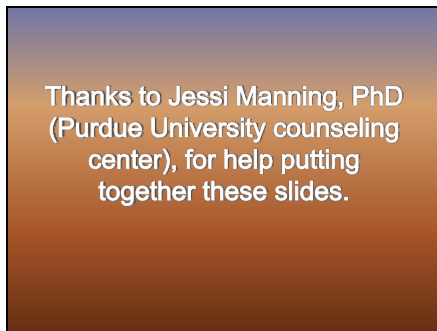
Acceptance and Commitment Therapy (ACT)

- Therapy developed by Steven Hayes (University of Nevada, Reno) and colleagues
- Pronounced "act," said as one word.
- From the behavioral side of the cognitive behavioral family of treatments
- Unlike most other cognitive behavioral therapies, ACT makes no efforts to change negative thoughts

Integrates

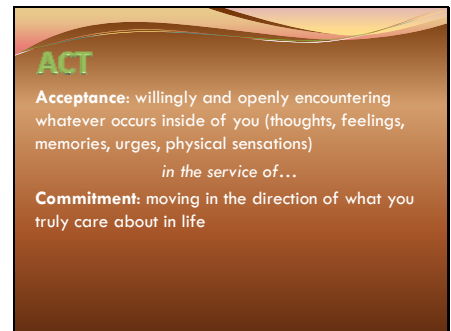
- mindfulness
- metaphors
- values-identification
- experiential exercises
- and traditional behavioral technologies like exposure and behavior activation

Slide 2



Thanks to Jessi Manning, PhD  
(Purdue University counseling center), for help putting together these slides.

Slide 5

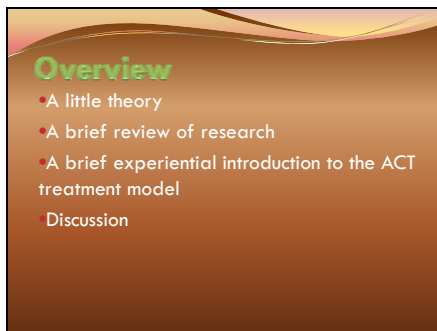


ACT

**Acceptance:** willingly and openly encountering whatever occurs inside of you (thoughts, feelings, memories, urges, physical sensations)  
*in the service of...*

**Commitment:** moving in the direction of what you truly care about in life

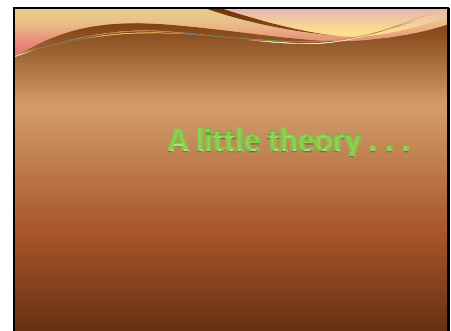
Slide 3



Overview

- A little theory
- A brief review of research
- A brief experiential introduction to the ACT treatment model
- Discussion

Slide 6

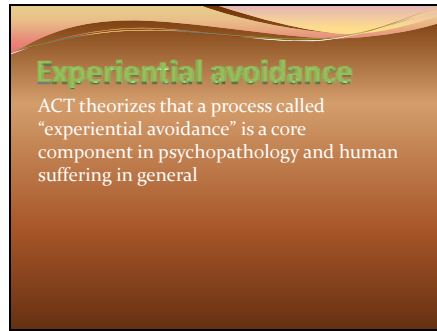


A little theory . . .

# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

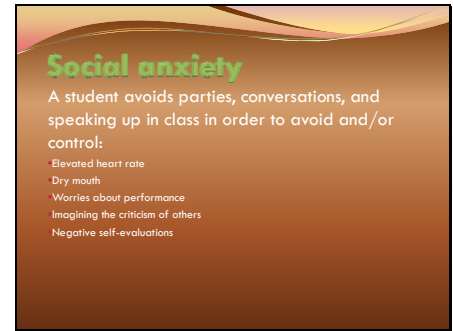
Slide 7



**Experiential avoidance**

ACT theorizes that a process called “experiential avoidance” is a core component in psychopathology and human suffering in general

Slide 10

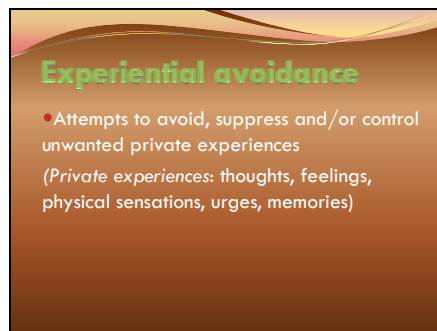


**Social anxiety**

A student avoids parties, conversations, and speaking up in class in order to avoid and/or control:

- Elevated heart rate
- Dry mouth
- Worries about performance
- Imagining the criticism of others
- Negative self-evaluations

Slide 8

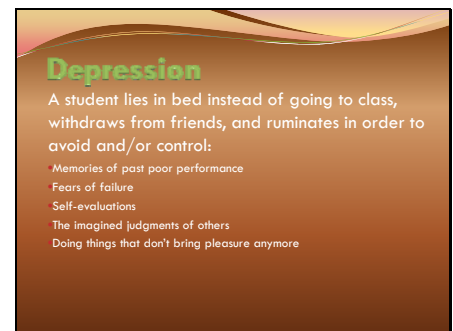


**Experiential avoidance**

- Attempts to avoid, suppress and/or control unwanted private experiences

(Private experiences: thoughts, feelings, physical sensations, urges, memories)

Slide 11

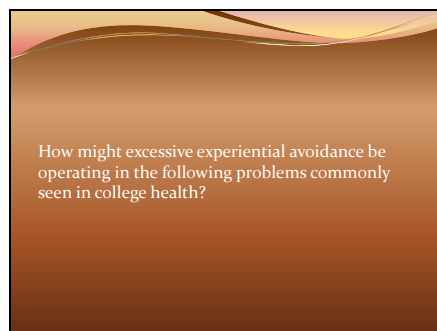


**Depression**

A student lies in bed instead of going to class, withdraws from friends, and ruminates in order to avoid and/or control:

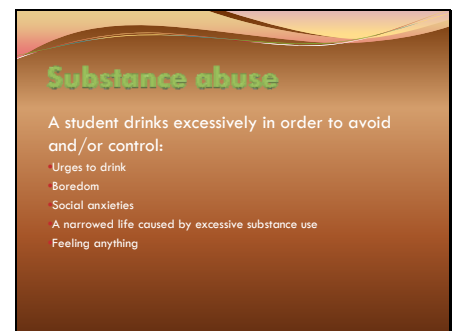
- Memories of past poor performance
- Fears of failure
- Self-evaluations
- The imagined judgments of others
- Doing things that don't bring pleasure anymore

Slide 9



How might excessive experiential avoidance be operating in the following problems commonly seen in college health?

Slide 12



**Substance abuse**

A student drinks excessively in order to avoid and/or control:

- Urges to drink
- Boredom
- Social anxieties

A narrowed life caused by excessive substance use

Feeling anything

# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 13

## Panic disorder

A student avoids exercise, wide open spaces, large classrooms, and anything potentially stressful to avoid, and/or control:

- Racing heart
- Difficulty breathing
- Fears of having another panic attack
- Embarrassment
- Fears of death

Slide 16

## Experiential avoidance is normal

- Escape is built into us
- Our ancestors were not the ones who walked up to the lion and said "nice kitty"
- Our ancestors were the ones who got as far away as they could from the lion

But excessive experiential avoidance makes things like anxiety and depression worse

Slide 14

## Procrastination

A student plays videogames, hangs out with friends, and surfs Facebook instead of working in order to avoid, and/or control:

- Worries about performance
- Imagined failures
- Staring at a blank page
- Feeling confused

Slide 17

## Experiential avoidance is theorized to be a core component of a wide variety of mental health problems

And there is data to support this

Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1998).

Slide 15

## Question to assess experiential avoidance:

Imagine that you...

- didn't take that first drink
- went to that party
- didn't purge your dinner
- got out of bed and started working on your paper
- did not wash your hands after touching that doorknob

...what would you have had to encounter in the realm of thoughts, feelings, physical sensations, etc.?

Slide 18

## Experiential Avoidance and Depression

- 20 studies with 22 correlations between AAQ and standard measures of depression (BDI, BDI-II, DASS, etc.)

N = 3323

Weighted correlation:  $r = .55$

Rusc, 2010

# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 19

**Experiential Avoidance and Anxiety**

- 14 studies correlating AAO and standard measures of anxiety (BAI, ASI, etc.)
- N = 3043
- Weighted correlation:  $r = .52$

Ruz, 2010

Slide 22

**The CO<sub>2</sub> Challenge**

or how did they find these subjects and what did the IRB say?

Slide 20

**Important question:**

How do we know that targeting experiential avoidance makes a difference?

Slide 23

**Levitt et al.'s study with panic disorder patients**

Three groups of panic patients were asked to inhale CO<sub>2</sub> and then cope in the following ways:

- suppression
- acceptance
- neutral

Levitt, E., Brown, T.A., Orsillo, S.M. & Barlow, D.H. (2004). The effects of acceptance versus suppression of emotion on subjective and psychophysiological response to carbon dioxide challenge in patients with panic disorder. Behavior Therapy, 51, 747-765

Slide 21

**Process research**

- ACT treatment developers and researchers are invested in demonstrating that ACT not only helps people, but works in the way it is theorized to work
- Therefore, if experiential avoidance is at the heart of psychological problems, then *acceptance*, it's opposite, should have an impact on psychological problems
- Don't trust anyone who shows you just one study to prove a point, but here is just one study to prove a point:

Slide 24

**Acceptance Instructions**

"Being willing to experience your thoughts and feelings, good and bad, can free you up to focus on what really matters in your life. If you are willing to feel happy, sad, anxious, unsure, joyful and any other emotions that come up for you, you can choose the activities that you want to participate in, so that you ultimately choose your directions in life, instead of letting your fear of anxious thoughts and feelings make those choices for you."

Levitt et al., 2004

# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 25

## Suppression Instructions

"When you are feeling anxious, but you know you have to do something, you can push the feelings away in order to accomplish the task. That's what I'm going to encourage you to do today. Try not to feel anxious, try not to think anxious thoughts, try to just get through the task with as little anxiety and discomfort as possible."

Slide 28

## If ACT works, it should work for a wide variety of problems

There is data to support this

Slide 26

## Outcomes

The acceptance group:

- some self-report panic symptoms and physiological measures
- less subjective anxiety
- more willingness to continue

Slide 29 Consider expansion

## RCTs with Mental Health Problems

- depression (2)
- anxiety and/or depression (2)
- psychotic symptoms (2)
- OCD
- social anxiety/public speaking
- GAD
- Borderline Personality Disorder
- worries
- polysubstance abusers on methadone maintenance

Rutz, 2010

Slide 27

## ACT strives to

- Undermine the influence of experiential avoidance in a student's life
- Increase actions influenced by what's most important (as defined by the student):
  - Academics
  - Friends
  - Relationships
  - Family
  - Fun
  - Career

Slide 30

## Other Studies with Mental Health Problems

(nonrandomized & compared to control group or waitlist; no control group; or multiple baseline across participant design)

- Social Phobia (3)
- Trichotillomania (2)
- GAD
- OCD
- marijuana addiction
- antisocial behavior in adolescents with legal problems
- high-risk adolescents
- moderate risk adolescents

Rutz, 2010

# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 31

## RCTs with Health Problems

- chronic pain (3)
- Epilepsy (2)
- cancer (2)
- obesity stigma
- weight loss
- Diabetes
- smoking

Ruz, 2010

Slide 34

## Data and support

- Over 50 randomized controlled trials have been published on ACT
- The Substance Abuse and Mental Health Services Administration (SAMHSA) has recently added it to its list of "evidence-based programs and practices"
- The Veterans Administration (VA) is currently training all of its staff in ACT for depression
- Division 12 of APA lists ACT for depression as an empirically supported treatment with "modest support"

Slide 32

## Other Studies with Health Problems

- chronic pain (8)
- smoking
- cancer
- multiple sclerosis
- HIV prevention
- weight loss
- Lupus
- tinnitus distress
- postsurgical

Ruz, 2010

Slide 35

## ACT in College Counseling

- ACT works for a variety of problems in research settings, but how useful is it in a counseling center setting?
- A college counseling center is a unique environment:
  - A wide variety of diagnoses
  - Usually a short-term therapy model
  - It's seasonal: e.g., if you are running a therapy group, the group has to be recruited, started, and finished within a semester – usually before finals!

Slide 33

**Also studies on stigma & burnout, worksite stress, racial prejudice, parents of children with autism, addiction stigma, willingness of professionals to use empirically validated treatments, canoeing, and chess performance (!)**

Ruz, 2010

Slide 36

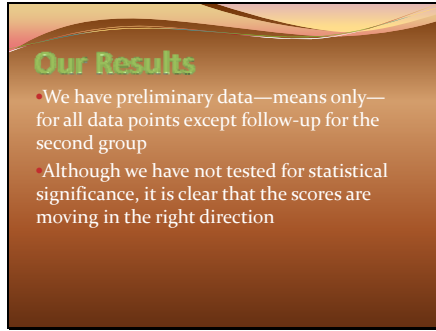
## Our Study

- 2 ten session groups with 8 completers each
- 2 dropouts
- Group members were referred by their therapists and identified as struggling with anxiety and/or depression
- No control group, and subjects were allowed to continue other treatment
- At four points in time, each participant completed the following measures:
  - AAQ-2: acceptance measure
  - PWI: personal well-being measure
  - QOLS: quality-of-life measure
  - DASS: depression, anxiety, and stress measure

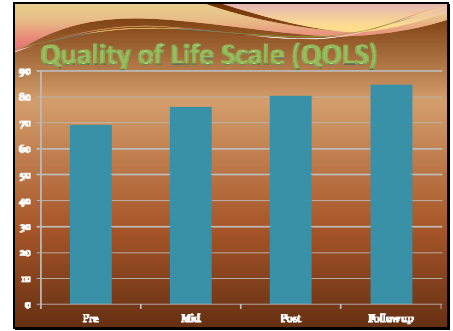
# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

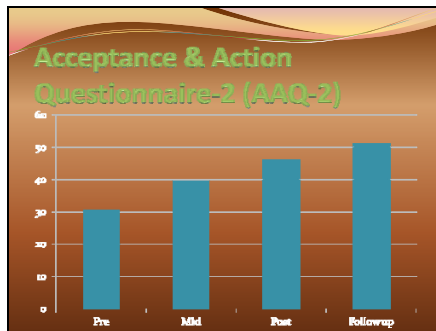
Slide 37



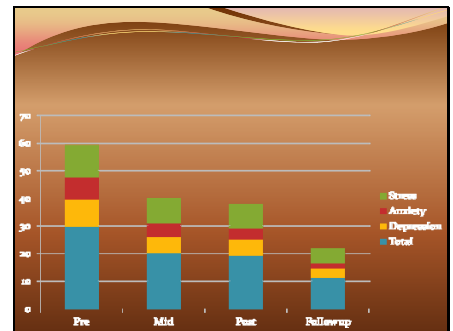
Slide 40



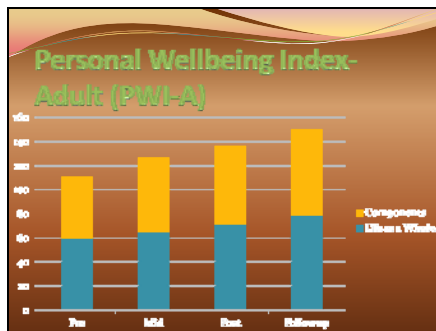
Slide 38



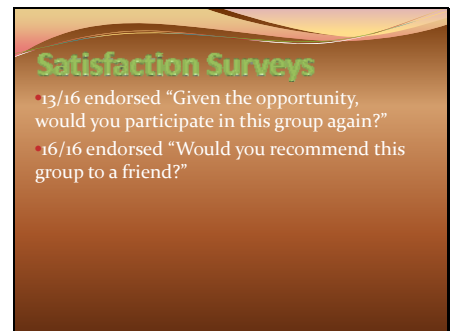
Slide 41



Slide 39



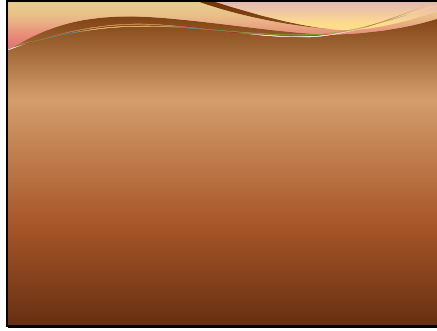
Slide 42



# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 43



Slide 46

## Values

**"decide what matters"**

- What's important to us
- More specifically: how we want to behave or act on an ongoing basis



Harris, 2009; Hayes, Strosahl, & Wilson, 1999

Slide 44

## Psychological Flexibility

The ability to be in the present moment with full awareness and openness to our experience, and to take action guided by our values.

--- Harris, 2009

Slide 47

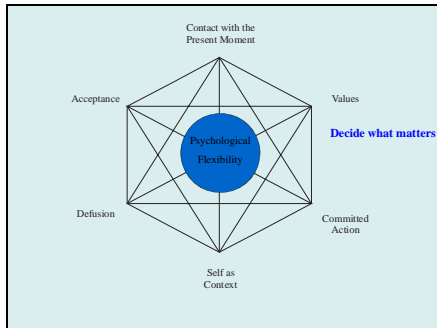
## Values are about action

- How we want to behave or act on an ongoing basis
- Examples:
  - being loving and caring
  - giving, sharing, and contributing
  - being a good friend
  - maintaining health and fitness
  - being hard-working

Think verbs and adjectives

Harris, 2009; Hayes, Strosahl, & Wilson, 1999

Slide 45



Slide 48

## Values are about action

- In contrast, goals are about what you want to get or have or complete
- If it's not something you can do on an ongoing basis, it's not a value

Not values:

- Happiness – you can't do it
- Being loved and respected by others – you can't do it
- To have a big car, big house, great job, a lot of money— you can't do it

Harris, 2009; Hayes, Strosahl, & Wilson, 1999

# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 49

**Values are freely chosen**  
Not about what you *should* do, *must* do, or *have to* do...

...but rather what you *choose* for yourself.

Harris, 2009; Hayes, Smoot, & Wilson, 1999

Slide 52

**Contact with the Present Moment**  
**"be here now"**

- Bringing attention to bear in a focused, deliberate, yet flexible fashion
- Focused and deliberate, but not rigid  
E.g., unlike a child playing a videogame
- Flexible, but not distracted  
E.g., unlike a person with ADHD

Wilson, 2008; Harris, 2009

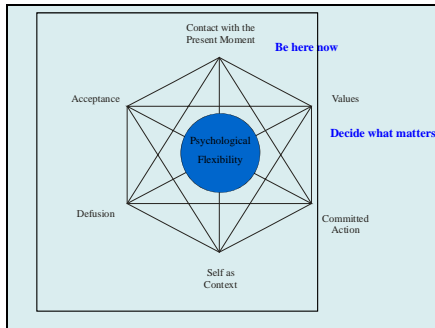
Slide 50

**What are your values in your professional life?**

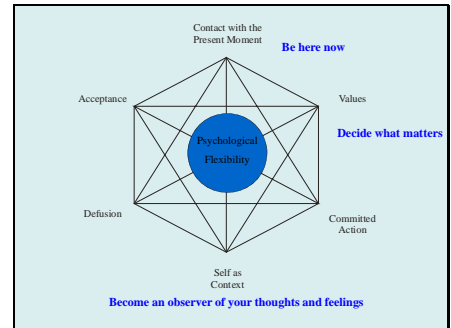
Slide 53

**For the next few minutes, let's practice contacting the present moment**

Slide 51



Slide 54

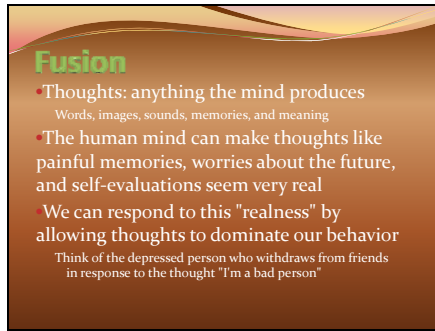




# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 61



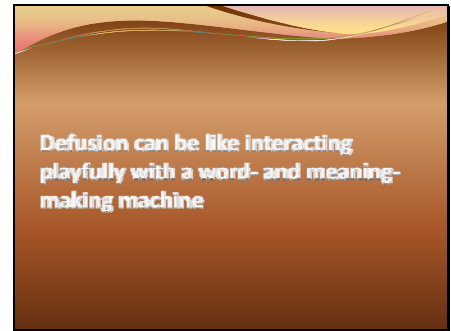
**Fusion**

- Thoughts: anything the mind produces  
Words, images, sounds, memories, and meaning
- The human mind can make thoughts like painful memories, worries about the future, and self-evaluations seem very real

We can respond to this "realness" by allowing thoughts to dominate our behavior

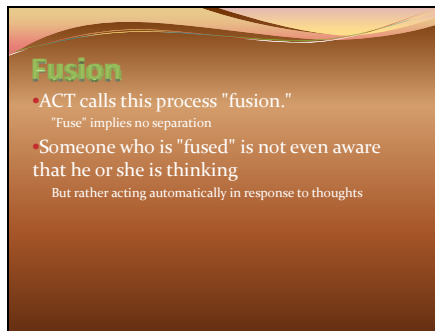
Think of the depressed person who withdraws from friends in response to the thought "I'm a bad person"

Slide 64



Defusion can be like interacting playfully with a word- and meaning-making machine

Slide 62



**Fusion**

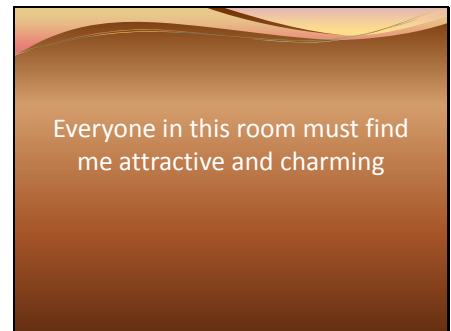
- ACT calls this process "fusion."

"Fuse" implies no separation

- Someone who is "fused" is not even aware that he or she is thinking

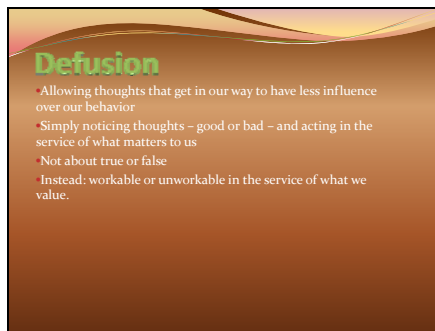
But rather acting automatically in response to thoughts

Slide 65



Everyone in this room must find me attractive and charming

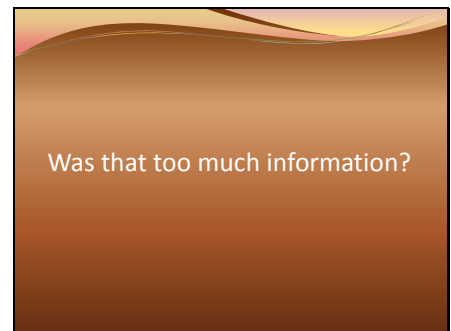
Slide 63



**Defusion**

- Allowing thoughts that get in our way to have less influence over our behavior
- Simply noticing thoughts – good or bad – and acting in the service of what matters to us
- Not about true or false
- Instead: workable or unworkable in the service of what we value.

Slide 66

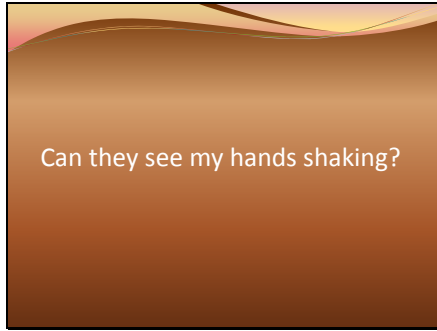


Was that too much information?

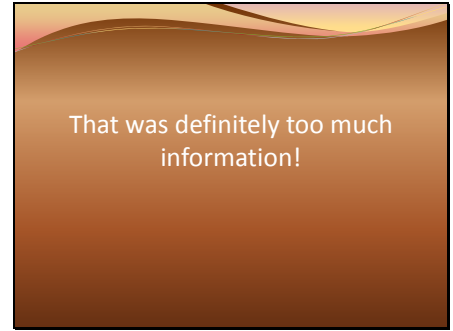
# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

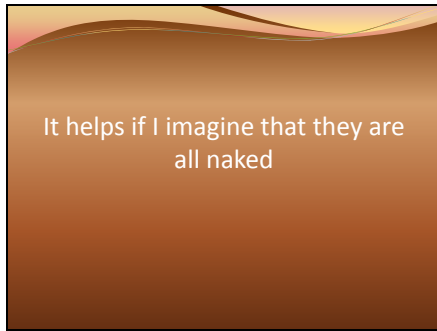
Slide 67



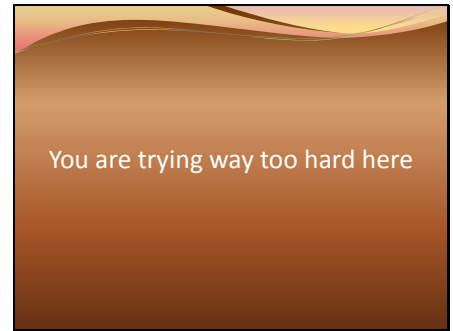
Slide 70



Slide 68



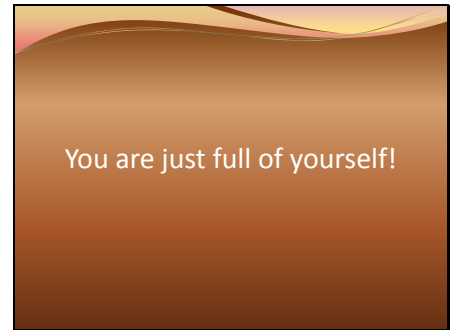
Slide 71



Slide 69



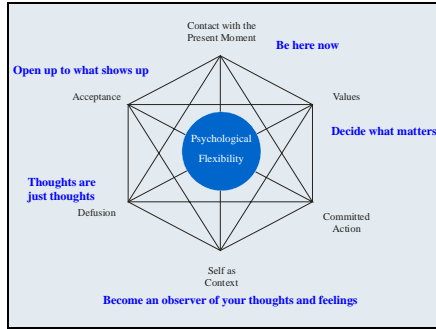
Slide 72



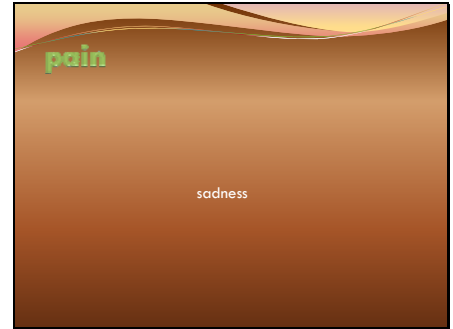
# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 73



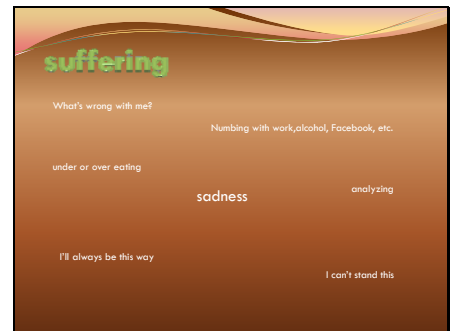
Slide 76



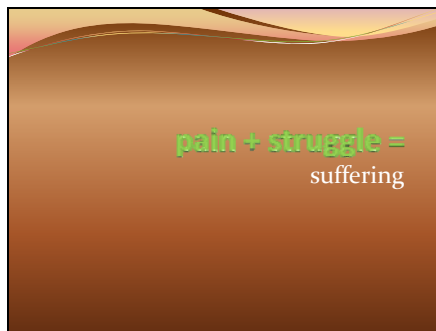
Slide 74



Slide 77



Slide 75



Slide 78



# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 79

**suffering**

Why can't I get over this?

Stop being such a baby!

Hiding in bed

Numbing with sex, marijuana, work

I'm going crazy!

I have to figure out why!

fear

Imagining escape scenarios

Slide 82

**pain + willingness**

holding it lightly, like a butterfly or dried flower

observing it like a curious scientist

Embracing it, as you would a crying child

inviting it in

Softening up around it

"hello, my old friend"

Making space

breathing in and out of it

sadness

Follette & Prochaska (2007); Harris (2009)

Slide 80

**Willingness is...**

A stance you try to adopt rather than a posture you maintain continuously

- Kind of like a difficult yoga pose
- Kind of like maintaining your attention during mindfulness

Srossaki & Robinson, 2008

Slide 83

**pain + willingness**

holding it lightly, like a butterfly or dried flower

observing it like a curious scientist

Embracing it, as you would a crying child

inviting it in

Softening up around it

"hello, my old friend"

Making space

breathing in and out of it

fear

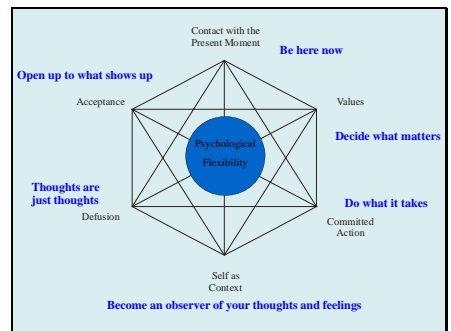
Slide 81

**Willingness is not**

- resignation or giving up
- wanting
- a sneaky way to control feelings

Srossaki & Robinson, 2008; Hayes & Smith, 2005

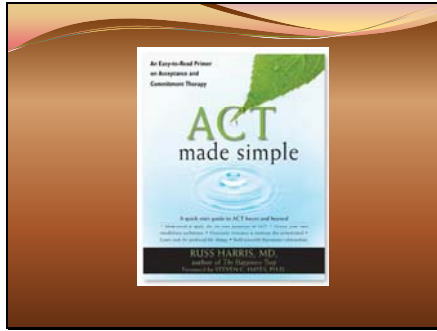
Slide 84



# Acceptance and Commitment Therapy

Matt Boone, LCSW-R

Slide 85



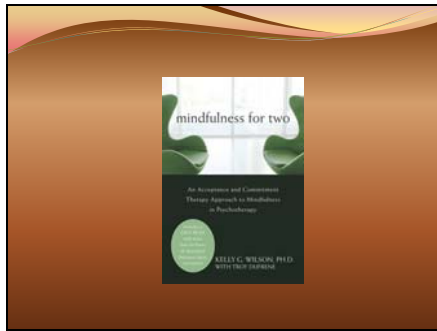
Slide 88

**It takes a village of nerdy shrinks...**

*My influences*  
Steven Hayes, University of Nevada, Reno  
Kathy Wilson, University of Mississippi  
Kirk Strosahl, Mountairview Consulting  
Robyn Walker, National Center for PTSD  
John Forsyth, SUNY Albany  
Georg Eifert, Chapman University  
Russ Harris, M.D., Australian doctor, great author  
ACT library  
ACT world conference

An illustration of a group of stylized human figures holding hands in a circle, set against a background of green leaves and a glowing light source.

Slide 86



Slide 89

**References**

Follette, V. M. and Pistorello, J. (2007). *Finding life beyond trauma*. Oakland, CA: New Harbinger.  
Harris, R. (2008). *The happiness trap*. Boston: Shambhala.  
Harris, R. (2009). *ACT made simple*. Oakland, CA: New Harbinger.  
Hayes, S. C. and Smith, S. (2005). *Get out of your mind in into your life*. Oakland, CA: New Harbinger.  
Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: an experiential approach to behavior change*. New York: Guilford Press.  
Hayes, S. C., Wilson, K. G., 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*, 152-168.  
Ruiz, F. J. (2010). A review of acceptance and commitment therapy (ACT) empirical evidence: correlational, experimental psychopathology, component and outcome studies. *International Journal of Psychology and Psychological Therapy, 10*(1), 125-162.  
Strosahl, K. and Robinson P. J. (2007). *The mindfulness and acceptance workbook for depression*. Oakland, CA: New Harbinger.  
Wilson, K. G. (2008). *Mindfulness for two*. Oakland, CA: New Harbinger.

Slide 87

**Shameless plug**

I'm available for affordable half-day and full-day trainings at your counseling or health center