

Learning ACT for Group Treatment: Supplemental Exercises

Note to readers: This supplementary content is offered to provide you with additional exercises to incorporate into your ACT practice and to enable you to further explore the material in our book, *Learning ACT for Group Treatment*. We hope you find this useful!

—Darrah Westrup, PhD, and M. Joann Wright, PhD

Fall in Love (futility of misapplied control)

(Hayes et al., 2011)

Just as the exercise called “What Are the Numbers?” in chapter 5 of *Learning ACT for Group Treatment* pointed out the conflict created when trying not to think a particular thought or thoughts, this exercise points to the similar difficulty faced when trying to control or manufacture feelings.

Therapist: Let’s try something else. Who here likes to feel joyful? (*Group quickly assents.*) Me too. I love to feel joyful! Let’s do that then. (*Group members look bemused.*) Let’s all feel joyful for a few minutes. (*The therapist is silent while looking at the group expectantly. Members quickly begin laughing as they realize the impossibility of this task.*)

Therapist: Well, so how about something else? I know! How about falling in love? That’s a nice feeling, right? I’ll give you a million bucks to fall in love with the first person you see after this group. (*Waits as this sinks in. Group members chuckle.*)

Therapist: Yeah. We know right away that we can’t just manufacture feelings like that, as though we’re ordering them off some sort of emotional menu. But the minute we feel something painful or uncomfortable, like feeling vulnerable and insecure, or hurt, or sad—what do we do? We try our damndest to get it gone! And then we wonder why we can’t seem to pull that off!

Eyes On (willingness is a choice)

(Hayes et al., 1999)

This exercise provides an additional experiential learning opportunity related to willingness, the core process discussed in chapter 5 of *Learning ACT for Group Treatment*.

The therapist divides group members into pairs (and participates if needed) and asks them to sit opposite their partners, close together, with knees almost touching. Mere mention of doing an exercise and being asked to sit in close proximity to someone else tends to evoke discomfort, and the therapist helps the group notice what is coming up for them: “As you are doing this, just notice what you are experiencing. Notice the thoughts and feelings, even physical sensations that are showing up for you.”

Once the pairs are in place, the therapist provides careful instructions: “In this exercise I will ask you to simply look at your partner. Simply give your partner your full attention, but without speaking. There should be no talking or gesturing. . . Simply look your partner in the eye until I cue you to stop. Does everybody understand the task? Okay. . . go ahead and start.”

Typically members will portray discomfort in various ways, such as giggling, mumbling something to their partner, or looking down or off into space. The therapist guides the group to make room for what arises while encouraging continued engagement in the exercise. For example, if a pair starts to giggle, she might intone, “Just notice whatever shows up for you. Whatever is there, can be there. If it’s giggling, it’s giggling; if it’s nervousness, it’s nervousness. Just notice what is there to be had and continue to engage with your partner.”

The therapist allows enough time for the group’s initial reactions to settle. Certain cues help members stay with it: “As you notice what you are experiencing in this moment, notice how you can still choose to give your partner the gift of your attention. Despite all the thoughts, feelings, and sensations coming up, you can choose to engage with your partner.” After again allowing some space, she continues: “Notice that across from you is a fellow human being (*pause*). A fellow human being who hopes. . . who dreams. . . who feels anxious and afraid. Here is another human being with the same sorts of experiences as you. . . who is also choosing to engage and be with you in this moment.”

The main objective of this exercise is to provide an opportunity for the group to choose to be willing despite the presence of uncomfortable thoughts, feelings, or physical sensations. However, not infrequently there is an additional benefit. That is, a new awareness often arises as group members participate in the exercise. Clearly moved, members often report a rare sense of connection with their partner. The therapist allows lots of room for these sorts of comments as they demonstrate the vitality and authenticity that is possible when members engage and get out of their heads (or more correctly, engage despite their heads). She then wraps up the exercise by pointing out that this exercise was about willingness, and she encourages the group members to notice that they chose to engage despite their discomfort.

Leaves on a Stream (defusion)

(Hayes, 2005, pp. 76–77)

This exercise provides an experiential learning opportunity to help clients develop the ability to observe thoughts, as discussed in chapter 6 of *Learning ACT for Group Treatment*.

Sit in a comfortable position and either close your eyes or rest them gently on a fixed spot in the room. Visualize yourself sitting beside a gently flowing stream with leaves floating along the surface of the water. *Pause*

For the next few minutes, take each thought that enters your mind and place it on a leaf. . .let it float by. Do this with each thought—pleasurable, painful, or neutral. Even if you have joyous or enthusiastic thoughts, place them on leaves and let them float by. If your thoughts momentarily stop, continue to watch the stream. Sooner or later, your thoughts will start up again. *Pause*

Allow the stream to flow at its own pace. Don't try to speed it up and rush your thoughts along. You're not trying to rush the leaves along or "get rid" of your thoughts. You are allowing them to come and go at their own pace. If your mind says *This is dumb, I'm bored, or I'm not doing this right*, place *those thoughts* on leaves, too, and let them pass. *Pause*

If a leaf gets stuck, allow it to hang around until it's ready to float by. If the thought comes up again, watch it float by another time. *Pause*

If a difficult or painful feeling arises, simply acknowledge it. Say to yourself, *I notice myself having a feeling of boredom/impatience/frustration*. Place those thoughts on leaves and allow them to float along. *Pause*

From time to time, your thoughts may hook you and distract you from being fully present in this exercise. This is *normal*. As soon as you realize that you have become sidetracked, gently bring your attention back to the visualization exercise.

Lemon, Lemon (defusion)

(first presented as Milk, Milk, Milk; Hayes et al., 1999)

Along with the exercises in chapter 6 of *Learning ACT for Group Treatment*, this is a tool a clinician might use to demonstrate defusion.

Therapist: Okay, let's get settled in our chairs... Take three to four breaths, breathing easily in through your nose, then out through your mouth...no need to force anything, just become aware of your breathing. (*pauses while the group breathes and settles in*) When you are ready, allow your eyes to gently close... Notice how you become aware of other sensations in your body... Notice how your chest gently expands and contracts with each breath. (*breathes with the group for a minute or two*)

Now I'd like you to imagine that you are looking at a lemon. Really get a picture of a lemon in your mind's eye, that particular vivid yellow of a lemon when it is perfectly ripe. Allow yourself to take it in fully, that bright yellow color... Imagine holding the lemon in your hand, you can feel its weight...its temperature... Allow yourself to run your thumb over that bumpy peel... Now bring it up to your nose and inhale deeply...you can smell that particular citrus smell through the peel...

Now place the lemon on a cutting board before you...take a knife and cut it cleanly in half. Imagine you are doing this in slow motion...you can see the tiny droplets of spray, you can feel the juice running over your fingers...now you can really smell that citrusy scent... Take half of the lemon and squeeze it gently, you see the juice spilling out over your fingers... Bring it up to your nose again and inhale; that citrus smell fills your nostrils... Now...bring it to your mouth and take a big bite. (*pause*) Just take a big bite of that lemon and let it fill your mouth (*pausing for a few moments*). Just notice that sensation for a bit. (*lets the group sit with this experience for a bit*) When you are ready, bring your attention again to your breath. Feel the air moving in and out...take a few more breaths and when you are ready, open your eyes.

At this point we briefly ask members to share their experience, which typically involves laughter about how their mouths watered, how they loved smelling the lemon, and so on. Without much more processing, though, we move to the second part of the exercise:

Therapist: Now I'd like you all to do something with me. We're going to say "lemon" repeatedly together. Just follow my cuing—are you ready? (*Members nod.*) Okay, lemon, lemon, lemon, lemon... (*The therapist leads this chant, making sure the volume is strong and fairly rapid. It is important to do this long enough, over a minute or more, until the word "lemon" is lost and the group sounds like it is bleating. The therapist then cues the group to stop—usually laughter ensues.*)

Therapist: What happened to the lemon?

Group members: It went away!

Therapist: Yeah, what happened?

Group members: It just became noise, a funny sound we were making.

Therapist: Yeah, like we were bleating or something. But isn't that amazing? Look what happened here. In the first exercise, in just a couple of minutes, we were able to create a virtual experience of seeing, holding, feeling, smelling, even eating a lemon. There's no lemon in the room! But we all *experienced* a lemon that we created by making sounds with our lips, tongue, teeth...that's a pretty potent ability! Many of us even experienced a physiological change; our mouths watered. And then in the second exercise, we're reminded that, in fact, "lemon" is a sound that we make. (*pauses, allowing the group to ponder*)

Therapist: (*continuing, looking at a certain group member as she refers to a particular painful thought*) Look at what we do. "Inadequate" is a sound we have learned to make. Inadequate, inadequate, inadequate...but we treat "inadequate" as though it is literally real, as though we can find "inadequate" within us. Or, "toxic" (*looking at the group member who has shared this painful self-construct*). In fact, let's do that (*cueing the group to join her*): toxic, toxic, toxic, toxic (*continuing*). We have learned to attach a meaning to this particular sound, one that can bring up a pretty painful experience. And yet, where is toxic? We treat it as though it is in us, and yet "toxic" actually is nowhere to be found.

It is hopefully clear how this exercise can promote fruitful discussion (pun accidental!) about the role of language. Its experiential nature allows group members to directly contact how language functions in their lives, and, importantly, how that function can shift. The power of language is demonstrated, and yet language is also put in its place.

Contacting the Present Mindfulness Meditation

This exercise provides another experiential learning opportunity for group members to develop the ability to contact the present, as discussed in chapter 7 of *Learning ACT for Group Treatment*.

Therapist: I'd like you all to get comfortable in your chairs, and take two or three easy breaths. No need to force anything, just take a few breaths and when you're ready, exhale and gently allow your eyes to close. *(allows some time for members to settle in)*

Therapist: *(continuing)* Notice how your senses may shift as you close your eyes. For example, you may notice that your hearing sharpens. *(pauses)* Bring your attention even more fully to your hearing...not like straining to hear, but rather, let sounds come to you—see how open to hearing you can be. *(pauses)* Now bring your attention to your body. Notice your own weight in the chair. *(pauses)* Notice how your weight slightly shifts with each breath you take. *(pauses)* You might notice your body becoming slightly heavier as you exhale, for example. See how fully you can experience your body in this moment. *(remains silent for a bit as the group sits and breathes)* If your thoughts take you for a moment, just notice that and bring your attention back to your body. If your mind wanders, just notice that and gently focus on your body in the chair, on the sensation of your breathing, in...and out.

This exercise can continue for as long or as short a time as needed, and can focus on one sensory experience or on many (e.g., physical sensations, sound, smell, touch, emotions). The exact wording isn't so important and will likely vary every time you conduct the exercise. We encourage you to experiment to discover your own style and what seems most effective with your group members. The key is to build the group members' ability to intentionally attend to different aspects of their experience during the exercise.

Building Flexible Attention (psychological flexibility)

This is a simple meditation that can be used to teach group members to place their attention on different aspects of their experience, a skill covered in chapter 7 of *Learning ACT for Group Treatment*.

Therapist: Now bring your attention to your emotions...just notice and see if you can label the feelings that are there. (*pause*) Now bring your attention to your breath...notice how you can feel your body shift with each in-breath (*inhales slowly and audibly*)...and each out-breath (*exhales slowly and audibly, pauses*). Let's bring your attention to the surface of your skin—feel the temperature of the air on the back of your hand or face. (*allows time for them to experience this*) Notice how you can direct your attention in this way...to your feelings (*long pause*), to your breath (*long pause*), to the air on your skin. You can bring your attention back to that ticker tape of thoughts that's always running; in fact, let's watch our thoughts for a few moments...see if you can notice a thought or two as they show up here. (*falls silent for a few minutes, then wraps up the exercise*)

Noticing the Room (benefits of contacting the present)

This is another exercise to demonstrate the increased information available when group members bring their attention to the present, as discussed in chapter 7 of *Learning ACT for Group Treatment*.

Therapist: I would like each of you to get up from your chair and take a walk around the room. As you do, please notice the room as though you have never seen it before. Really look around, as if you are at a museum taking in all the art. Try to notice more than just the objects in the room. Also notice the temperature, lighting, sounds, smells, colors, shapes, and so on. We will do this for about ten minutes. (*Group members rise and spend the next ten minutes doing this exercise. The therapist lets them know the time is up and asks them to take their seats.*)

Therapist: I'd love to hear what that was like for you all. What were you experiencing as you did that for the last few minutes?

Gina: I have been coming to group for six weeks, and there were so many things I've never noticed before!

Therapist: What did you notice once you put your attention there?

Gina: That fire alarm for one thing. It's been six inches from my head this entire time! (*Group laughs.*)

Barry: I just noticed it for the first time myself! I also never really noticed the color of the chairs before!

Gina: I've noticed that picture you have over there before, but I never really *saw* it—you know what I mean?

Therapist: I know exactly what you mean! I've had it so long I've stopped seeing it as well. What did you notice when you really saw it?

Gina: I noticed how many different blues and greens it has, how much care went into some of the details...it's really sort of amazing!

Therapist: (*getting up and going over to look at the painting, leaning close*) Yeah, I see what you mean...I can see about four different blues right there, and tiny little brush strokes. (*silently takes it in for a moment or two*)

A word about this tiny intervention: The therapist seized an opportunity to demonstrate the horizontal relationship we aim for in ACT. She demonstrates that she is in the same boat as her group and that she can learn something from a group member. She particularly wanted to illustrate this for one of her group members, Gina, who initially shared that she didn't participate in groups because she had nothing worthy to contribute.

Therapist: (returning to her seat) What were you others noticing?

Gary: You told us to notice smells, and I noticed that I didn't want to. Like, yuck! (*Group laughs.*)

Therapist: What happened next?

Gary: (*intentionally comical*) I invited myself to be willing! (*Group again laughs.*) But seriously, that was kind of interesting...I started really smelling and there were all sorts of little smells and my mind was handing me stuff about it, and then I kept smelling it and even a smell that wasn't that great (*pointing to an upholstered chair*) wasn't really that bad so much as...different—it's hard to explain.

Therapist: I think that's fascinating, Gary! And a great example of what we do, don't you think? Here's all this stuff to be experienced, and we're usually so up in our heads that we miss it entirely. Or, our mind hands us stuff about it and we risk losing out on the actual experience...this is really great stuff.

The Tonglen Meditation (contacting compassion)

The Tonglen Meditation is a guided imagery exercise found in Tibetan Buddhist practice (*tonglen* is Tibetan for “giving and receiving”). The therapist often introduces this meditation when working on contacting the present, the core process addressed in chapter 7 of *Learning ACT for Group Treatment*. It helps group members contact the essential pain that comes with being human (that is always there at some level) in a way that helps them also contact compassion for themselves and others. Compassionate awareness helps group members hold their shared pain in a way that allows them to remain engaged and moving in their lives, rather than battling or getting stuck in their pain. Below is an example of how this meditation might be used for an ACT group that takes place in a medical facility.

Spend a moment settling into a relaxed and aware posture. If you are willing to do so, allow your eyes to close. Otherwise, focus your attention on the floor. Spend a moment here, and bring your attention to your breath. Notice how your body changes on each inhalation and exhalation. (*Pause*)

Bring your awareness to any discomfort you might be experiencing. It might be a thought or a physical pain, an emotion or just a darkness or weight you are feeling. Focus your attention there. (*Pause*)

Now, expand your consciousness to include all of the other people in this room. Recognize that, like you, they too are experiencing suffering. Relationship difficulties. Health issues. Anxiety. Uncertainty... The possibilities are infinite. (*Pause*)

Breathe in their pain and suffering, and breathe out kindness, caring, compassion...whatever you have within you that might be helpful to offer them. Now continue to broaden your awareness to include everyone in this building. It is a medical building with people seeking help for physical therapy, dental issues, substance abuse struggles, general health issues, and emotional difficulties. There is pain and suffering a-plenty in this building. (*Pause*)

Now add to those seeking help, the healers. The doctors, nurses, therapists, and secretaries who gather here to help others. Surely there is pain in their lives, too. Exhaustion. Frustration. Depression. Loneliness. (*Pause*)

Breathe in their pain and suffering, and breathe out healing thoughts of kindness, compassion, caring... (*Pause*)

Now consider this neighborhood. The school, the hospital, the houses, the nursing home, the businesses. Pain and suffering comes in so many forms: trepidation, avoidance, heartache, disappointment, drug addiction, fear, depression, loss, ailments. Breathe in the pain and suffering of the people in this neighborhood, and breathe out healing thoughts of kindness, compassion, caring... (*Pause*)

And now, think of the country. All of the people experiencing fires, loss, depression, rejection, homelessness, confusion, physical pain...the list is endless. Breathe in their pain and suffering, and breathe out healing thoughts of kindness, compassion, caring... *(Pause)*

And now, open your mind up to the world. Surely the pain felt by all of the people on our planet is immeasurable. What can you offer the world? So much loss, sadness, illness, anxiety, alcoholism, frustration, homelessness, malnutrition... *(Pause)*

Breathe in their pain and suffering, and breathe out healing thoughts of kindness, compassion, caring... *(Pause)*

And now, begin to come back here. Come back to the country and all of the people within. Breathe in, breathe out. *(Pause)*

Now back to this neighborhood and all of the suffering. *(Pause)*

Breathe in, breathe out. *(Pause)*

Return to this building and the struggles here. *(Pause)*

Breathe in, breathe out. *(Pause)*

Back to this room and the anguish within these walls. *(Pause)*

Breathe in, breathe out. *(Pause)*

Now, return to your seat and any discomfort you might be experiencing. It might be a thought or a physical pain, an emotion or just a darkness or weight you are feeling. Focus your attention there. Breathe in the discomfort, breathe out healing thoughts of kindness, compassion, and care. *(Pause)*

When you are ready, return your awareness to the room by opening your eyes or looking up.

This evocative exercise tends to bring up strong emotions, so it is important for the therapist to allow plenty of time to process the experience and to model the very abilities she hopes to engender in this exercise. That is, she is careful to make room for, actually lean into, whatever reactions arise, including members being upset that they were guided to experience something so painful. These reactions are treated as more of the same—part of the pain of being human—and the therapist listens respectfully and understandingly, while not aligning with any pull to fix the experience. More often than not, members report experiencing a sense of compassion for, and connection with, their fellow human beings and themselves.

Observer You (self-as-context)

(Hayes et al., 1999)

This is a guided imagery exercise aimed at leading group members to contact their experience at different points in time (i.e., to experience self-as-process), drawing attention to the locus of perspective that has been constant throughout. This is another tool to teach the concept of self-as-context, which was covered in chapter 8 of *Learning ACT for Group Treatment*. It's helpful for members to have had previous practice with mindfulness meditation prior to conducting this exercise, which tends to be longer than many other mindfulness meditations.

Therapist: Let's get comfortable in our chairs, and when you're ready, bring your attention to your breathing. (*pauses*) Notice the steady in-breath...and the out-breath. (*allows time for the group members to settle in to their breathing*) Bring your attention to your breathing...notice how your body shifts slightly with each inhalation and exhalation. (*sits silently for a few moments while the group does this*)

Therapist: (*continuing*) Now take a moment and think of something you experienced this morning. Think of something you did this morning—it could be anything—and when you have it let me know by raising your finger. [*Note: we ask for this cue when doing this exercise in groups as a way to ensure that we aren't moving along before all members are ready. Although we typically close our eyes and "do" mindfulness exercises with the group to enhance our cueing, in this exercise we keep our eyes open and focus on moving the group through based on this visual feedback.*]

Therapist: Good. Now see how fully you can experience that moment this morning. Where are you? What are you doing? What do you see? Are you with others or are you alone? [*These cues are offered in an easy, relaxed fashion allowing plenty of time for the group to consider each one. Notice the use of the present tense. This is deliberate, designed to increase the experiential aspect of the exercise.*] What sorts of thoughts are you having? What are you feeling? (*When timely, the therapist falls silent, allowing the group members to contact whatever they are experiencing for a few moments.*)

Therapist: Now I'd like you to think of something you experienced last week. It can be anything, just settle on something experienced about a week ago. Take your time—your mind may jump around a bit. You can pick the first thing that comes to mind or choose something else, whatever you decide will be fine. But when you have it, let me know by raising your finger. [*These cues are based upon previous experience wherein group members got caught up in choosing the "right" memory or started to feel pressured around the amount of time it was taking.*] Now see how fully you can put yourself into that moment. Where are you? What can you see in this moment? What thoughts are you having? What feelings are going on? (*allows time for the group to fully contact this experience*) Notice how it's

the same you that was in that moment a week ago, noticing, feeling, thinking, that was also experiencing something this morning. It is the same you a week ago, that was noticing this morning—the same you that knows you are in *this* moment, thinking, feeling, experiencing.

(The therapist continues this sort of cuing and guides the group to recall experiences that are more distant in time, such as “last summer,” “in high school,” “when you were a child”. She offers different sensory cues to help group members contact their experiences as fully as possible. She guides them to experience self-as-context by inviting them to notice the Noticer.) Notice the you that knows you were there in that moment in high school, there in that experience last summer, there last week, and in the moment this morning. The same you that knows you are in *this* moment, engaging in this exercise, noticing all the thoughts, feelings, and sensations that have shown up. A continuous you. The observing you. A you that is constant, and larger than, all these experiences.

Note: There’s no need to strive for exact wording here. In fact, following some sort of script word for word results in an exercise that sounds...well, scripted. Rather, we suggest you will find the right words with practice and by keeping the following key points in mind: (a) There is a locus of perspective that is aware of the various experiences through time, and (b) that locus of perspective remains constant and is therefore larger than the thoughts, feelings, and sensations of the moment.

The Label Parade (self-as-context)

(Walser & Westrup, 2007)

The Label Parade is a very effective exercise to do in a group format to illustrate the concept of self-as-context, covered in chapter 8 of *Learning ACT for Group Treatment*. It is active and engaging, demonstrates both fusion and defusion nicely, and brings forth self-as-context in a visual and experiential way. The main idea is to create a tactile and visual representation of the distinction between the Experiencer and experiences. This is done by writing some of the thoughts, feelings, or physical sensations a group member is struggling with on a piece of paper or index card and taping it on that individual. Once this visual has been created, the group is then guided to attend to the individual carrying the paper, depicting that the person is not the paper. (See also Walser and Westrup, 2007, for a detailed demonstration.)

In order to conduct this exercise, you will need a stack of paper to write on (such as index cards or sticky notes), something to write with (we like to use Sharpie markers to make the words easier to see), and a tape dispenser. We do this exercise in a circle and use a member of the group as a “helper.” That is, when working with one group member (generating the flow of thoughts and feelings), we have a peer doing the taping.

Therapist: So Gina, you were just talking about the experience you have of not mattering. You have mentioned this before—that this is something you’ve struggled with, “not mattering.”

Gina: Yeah, I feel like that a lot. (*The therapist quickly writes down “Don’t matter” on an index card and hands it to Mary, who is sitting next to Gina.*)

Therapist: (*to Mary*) Can you please tape this on Gina somewhere? [*Typically, there is a fair amount of laughter as the taping process ensues. Joviality is fine; in fact, this context could help Gina defuse from the thought of not mattering. However, in her role as facilitator, the therapist is careful to convey that she thinks what Gina is sharing is important. She treats it respectfully, in other words.*]

Therapist: What other thoughts come along with “Don’t matter”?

Gina: Nobody cares.

Therapist: (*nodding understandingly*) Yeah, so “nobody cares” (*writes “nobody cares” and hands it to Mary, who tapes it onto Gina.*)

At this point, the therapist is trying to get a flow of experience going. That is, she doesn’t wait for the taping to be complete before generating something else and writing it on the card. In fact, she likes it when the thoughts and feelings keep coming to the point where she can hardly catch up—it is reflective of how minds and feelings actually show up, as a continual, ongoing flow. (If she were working with someone less verbal, she would continue to cue her to help her access her experience as fully as possible.)

Therapist: What else shows up with “nobody cares”?

Gina: I feel lonely.

Therapist: (*writes “lonely” on a card, then hands it to Mary while asking the next question*): What is it like for you when you are experiencing “lonely”?

Gina: I’m sad. I don’t want to live any more. (*Therapist writes “sad” and “don’t want to live” on separate cards and hands them to Mary, who tapes them onto Gina.*)

We should note that as obvious spaces fill up, the peer doing the taping often just starts to hand cards to the individual being questioned (who then sticks the card on herself).

It is usually the case that as this visual demonstration of the person’s struggle progresses, the group becomes more somber. We are careful to allow whatever shows up to be there, and in fact to mirror the pain of what is being expressed.

Therapist: (*very gently*) What is that experience like, “not wanting to live”?

Gina: Black. (*tears up*) It’s...very dark and heavy...lonely. (*Therapist silently writes “black,” “dark,” and “heavy” and gives the cards to Mary, who tapes them on Gina.*)

Therapist: (*while writing down “lonely” and handing it to Mary*) So we’re back to lonely.

Gina: (*sighs heavily*) Yeah.

(*At this point Gina is covered with numerous cards. The therapist falls silent and just sits with Gina and the group, modeling getting present to, and simply experiencing, what has been evoked by the exercise.*)

The therapist has some choices here. That is, she could move on to demonstrating the essential point of this exercise: that Gina is not all the content (she carries it, but is not it). She could also extend this exercise to include positive experiences as well. This would further demonstrate how easy it is to generate this sort of content, how powerfully it can influence us, and that we are nonetheless not all the content. Our therapist decides to go that route here, thinking that Gina in particular (who she suspects is still somewhat fused with painful self-concepts) might be enabled to defuse from the content of her cards and experience self-as-context.

Therapist: Now let’s make a shift. Gina, take a few moments to bring something to mind that brings you joy or satisfaction. Perhaps it’s a particular memory, an activity, someone in your life. Take a few moments to bring that to mind, and when you do, let me know what that is. (*Once Gina identifies something, the therapist then follows the same process.*) So what are the thoughts that come up for you when you think of your daughter? (*after Gina’s response*) I notice you are smiling as you talk about her—what sort of feelings are showing up? (*As the therapist helps Gina generate this new set of experiences, she is attuned to the change in affect that occurs, both in Gina and in the group overall. The atmosphere in the room has become noticeably lighter. The therapist matches it by nodding and smiling as Gina shares and they tape on the cards. She continues until Gina is covered with cards that reflect this pleasant experience as well as the painful ones from earlier.*)

(The therapist completes the same exercise with another group member, who ends up similarly covered with cards.)

Note: We sometimes tape all our group members. The first time Darrah participated in this exercise she was surprised to hear group members report they felt “left out” when they were not taped up! If time allows, there is certainly some benefit to having everyone participate as it makes the experience more salient. When everyone is taped it also makes the next step even more powerful.

The therapist now wants to point to the distinction between the person (context) and the cards (content). Imagine that she has completed this with every group member, and each is now covered with index cards. She invites them to stand and, after separating them into two groups, asks that they stand in opposite corners of the room, facing each other.

Therapist: *(once this is done and the group members are facing each other across the room, staying silent for a few moments to let this experience sink in)* So...I'm wondering, what do you see when you look over at your peers across the room?

Barry: I see people over there with a bunch of crap on them.
(Group members nod.)

Mary: Yeah. It makes me sad to know Gina has that stuff on her.

Therapist: Is that what you see when you look at Gina? The stuff on her cards?

Mary: *(a little emotional)* No, I see my friend.

Therapist: So, you are aware of some of what she is carrying, but when you look at her that's not what you see.

Mary: No, it's not. I wish she didn't have that though.

Therapist: Yeah. I bet she wishes that too! *(Gina nods.)*

Therapist: Let's add that on there, in fact. *(The therapist quickly writes "wish it wasn't there" on two cards, and she hands one to Gina and one to Mary.)*

Therapist: *(continuing once this is done)* So that's there as well. In fact we could keep going, couldn't we? Look at what we generated in a matter of minutes! *(Group nods.)* This is just the tiniest example of what we experience. Imagine if we could somehow capture all of our experiences in this way, can you imagine? *(Group laughs.)* But there's no way we could capture it all. And yet...we're here. We have this stuff, we can contact it quite easily, and yet, we're not this stuff. And notice something else: Gina, do you mind crossing the room? *(Gina begins to walk toward the other group.)* We can move! Even with really painful thoughts, feelings, memories, we can head in a direction.

Chessboard Metaphor (self-as-context)

The Chessboard Metaphor (Hayes et al., 1999) is used frequently by ACT therapists to demonstrate self-as-context, the concept covered in chapter 8 of *Learning ACT for Group Treatment*.

To work with this metaphor in a group format, the therapist places a chessboard on the floor in the middle of the group. As she begins to place pieces on the board, she draws upon what has transpired in previous sessions to help demonstrate the metaphor. For example, she refers to Barry's situation with his ex-wife, designating chess pieces as different experiences associated with her, such as his feelings of resentment, his thoughts about the end of their marriage, his sadness around their children, and so on. She can use pieces to represent other members' experiences as well. Without being overly elaborate, she loosely groups pieces as the experiences might actually arise. For example, she might designate a particular piece as representing an event (e.g., "that divorce") and then identify other pieces as being the painful memories that are associated with that event, the thoughts that show up with it, the emotions, the unpleasant physical sensations, and so forth. She makes sure to include more pleasant experiences as well (e.g., "Let's have this piece represent playing music with your daughter, and these pieces are the joy and pleasure you experience when you are doing that together"). Once this idea is established, she can work with the pieces in a way that demonstrates the battle that typically ensues:

Therapist: And notice how these pieces kind of hang out together...how thoughts and feelings that go along with this painful experience are there on the board (*picking up a "painful" piece and putting it back down*), and how these pieces tend to hang out together (*indicating pieces that represent a more pleasant experience*).

Therapist: And what we tend to do is fight the good fight! We try to win, to get those difficult, painful, unwanted pieces off! (*moving respective pieces around to demonstrate as she continues*) But remember that there's no end to this board; it extends in all directions. We don't get to erase history—we just pick up more and more pieces as we move through life. But some of these are hard! So we move (*demonstrating*) and countermove, move and countermove...

Gary: There's no winning if you can't get pieces off.

Therapist: Ah. That's right! There's no way to get pieces off! But we sure try, don't we? (*moving pieces around some more*). We keep trying to get the hard pieces off...or we figure that if we can just add more pleasant pieces on there, that will do it. Like, "I need to think positively" (*Therapist adds new pieces on the board.*) We tell ourselves, I need to try harder, or, I just need to figure this out.

Barry: It's just more pieces.

Therapist: Yes.

At this point we like to sit back a bit and simply regard the board along with the group. When we think back to our brief discussion on perspective taking, we can start to see why simply looking at the board in silence might in fact further self-as-context. Even if group members might not be able to articulate what is different about looking at things from this point of view, it is nonetheless a different perspective. Ultimately, though, we want to explicitly explore the main idea in this metaphor:

Therapist: So it seems that fighting the good fight here doesn't work. Hopping aboard this big knight, say (*pointing to the knight*), or being some kind of chess mastermind up here (*gesturing to herself above the board*) doesn't do it either. There's no winning this game. (*pauses and lets the group contemplate the board*) Can you think of something else you could be then? Sticking with this metaphor, can you think of a different position you could take that isn't about being one of the pieces, or a player?
 [*Here the therapist is pointing to the idea of being the board rather than the pieces. Instead of just telling the group the point of the exercise, she is pulling for members to wrestle with the metaphor a bit, hoping for a bit of an aha experience. (If no one is coming up with the idea of being the board, she might lift the board to eye level.)*]

Therapist: (*knocking gently on the board*) What other position might you take here, if you're not the pieces or the player?

Mary: (*hesitantly*) The board?

Therapist: The board. Now that's interesting. (*pauses*) What if you are the board? (*The group is silent, thinking this over.*)

Therapist: What would it mean if you're the board, holding all these pieces?

Gina: You have them, but...

Barry: They're just there.

Therapist: (*leaning in*) Interesting. (*pauses*) Notice how the board can just hold these pieces. It's in contact with them, it feels them, let's say, but it is not them. (*The group is silent as this sinks in.*)

Therapist: (*eventually continuing*) And what else do you notice about this board? (*raps it with her knuckles*)

Mary: It's okay. It's strong.

Therapist: The board is strong. It is intact. It is well able to carry all these pieces...and those to come. (*Therapist sits silently with the group; all are thinking and gazing at the board.*)

Therapist: And look what else. (*gets up with the board, careful to keep the pieces from falling off, and holds it aloft while walking forward*) What else do you notice about this board?

Gina: It's moving?

Therapist: Yes! This board can *move*! It can hold these pieces—it can absolutely hold these and all the pieces to come—while moving in a direction. [*Here the therapist points to the core processes the group will be working on next: values and committed action.*]

As with all these exercises, doing them effectively is not about memorizing a script. There are innumerable ways to convey the main points of this metaphor. We *will* suggest that getting overly elaborate can be problematic. That is, we have observed therapists who, seeking to provide a descriptive picture, provide unnecessary details (e.g., “and imagine this pawn here is your desire to finish school, but fear—this rook here—is stronger and knocks it over..”). What happens is that the point becomes the story, rather than what the story illustrates (similar to the misstep of treating the exercises and metaphors in ACT as being the therapy as opposed to furthering the therapy). Remember the point is not the “Story of the Chessboard” but rather the experience of self-as-context.

The Mountain Meditation (self-as-context)

(revised from Kabat-Zinn, 1994)

This meditation, mentioned in chapter 9 of *Learning ACT for Group Treatment*, provides an additional opportunity for group members to experience the concept of self-as-context (the core process covered in chapter 8).

The therapist asks her group members to stand and to assume the mountain pose (*she demonstrates, standing with both feet shoulder-width apart*). She then invites them to close their eyes and informs them that they will be standing like this throughout the exercise. She asks that if they experience any dizziness or instability during the exercise, to please open their eyes and pick a place on the floor to focus on instead. She then leads them in the meditation:

Take a few moments and breathe. (*long pause—she will be pausing regularly throughout this exercise to allow time for members to experience what she is guiding them to do*) Bring your attention to your breathing... Now bring your attention to your body—see how fully you can be in your body. (*long pause*) Now bring your attention to your feet on the floor... Notice how firmly you are standing, the strength and stability of your legs, as though you're rooted to the floor. (*long pause*) Imagine now that instead of the floor you are standing on bare ground, firm and tall. (*long pause*) Your feet are rooted in the earth...you are rooted in the earth, in fact you are part of the earth... (*long pause*) As part of the earth, you extend upward, rising into the air... You are a mountain. (*long pause*) Your body is the mountain's body, your head is the mountain-top... Take a few breaths and allow yourself to bring this experience in. (*long pause*) As the mountain you have seen many things. (*Therapist intones this next part gently and rhythmically, allowing long pauses between the experiences she is describing to allow her group plenty of time to contact them.*) You have watched the seasons come...and go...and come...and go...come...and go. You have felt the warmth of spring...the heat of summer... You have felt the cool of autumn...the cold of winter. You've felt every morning, and every night... Every dawn... Every dusk... Each sunrise... Each sunset. Through countless nights you have watched the moon and seen the stars above... You have felt the bold growth of every new blade of grass. You have felt the teeming life on your surface, on your hills, and in your valleys... You've experienced many creatures come and go, felt them as they've gone about their business. Regardless of their size, their sort, their errand...you have held them, for you are the mountain. You hold them still... And you have seen storms...! You have felt the pounding rain, the searing sting of lightning, the flooding streams... wind howling through your trees... And yet, here you remain, for you are the mountain... And you *also* know that sacred stillness, the deep silence that comes with the covering of snow... So still... (*very long pause*) You are the mountain, the Watcher, the Experiencer. (*long pause*) You are the one who holds all of these things, but are so much more than any one thing. You are the mountain.

Again, we strongly advise against conducting an exercise like this as a script. Darrah has waxed poetic here because she loves this metaphor, but in actuality her words are different every time she does the exercise. Your words will be perfect for you and your group.

Values in the Trash (values as a process, not an outcome)

(loosely adapted from Follette & Pistorello, 2007)

This exercise is another tool a clinician might use to provide an experiential learning opportunity surrounding the concept of values, as discussed in chapter 9 of *Learning ACT for Group Treatment*.

This exercise helps undermine the idea that values are a way to arrive at happiness or some such “destination.” It highlights the role of willingness in valued living, the ubiquity (and beauty) of human suffering, and the power in choosing to live our values. (Our therapist doesn’t explain all this up front, however. This is one of those exercises she prefers to go straight into, and, in fact, she plans to do very little processing afterwards.)

Therapist: (handing each group member an index card, a pen, and a book to write on) Okay...I’ve given you all these things to hold, but what I’d like you to do for a moment is go ahead and shut your eyes for a moment or two. (Members adjust themselves and comply.) Take a few easy breaths now (pauses). So let’s keep our eyes closed and just breathe while I give you a couple of instructions (pauses)... What I’d like you to do is take a few minutes, and think about someone you hold dear. This can be anyone you love, anyone you care about, someone important to you (pauses for a while, giving the group plenty of time to think of someone). See how fully you can bring this person into your awareness (pauses). Now see if you can really get into contact with your feelings for this person—let yourself experience your caring for this person as fully as possible (pauses). Okay, take a few breaths and when you’re ready, open your eyes. (Group members open their eyes; several are gently smiling, one or two give a sigh.) *Therapist (continuing):* Next, I’m going to have you close your eyes again...(waits as members comply), and now I’d like you to contact your greatest fear around this person. (The therapist, who is watching the group as they engage in this exercise, sees alarmed expressions flit across their faces.) Just as you brought your attention to your feelings of caring, bring your attention to the fear that is there. Allow yourself to fully contact that fear (pauses). And now, take a few breaths and open. (As her group members open their eyes, the therapist sees confusion, fear, sadness, some curiosity.)

Therapist: (seriously, not making room for any chatter) Okay. Now, write the fear on your card. You can phrase it any way you want—one word or several, this is for you. (waits as after hesitating; members begin to write. As the last one finishes, the therapist continues): One last instruction. Please take a few moments and pull out the value that’s represented in that fear. This might seem hard at first, but see if you can get at why whatever you wrote is something you fear. Something you care about is there—what is it? (Members hesitate, then begin writing. The therapist is watching carefully as they do. She notices that Mary seems to be struggling, as though she is fighting back tears.)

Therapist: Mary, what are you experiencing?

Mary: (very tearfully) I'm...this is so—(chokes up, unable to speak. The therapist is silent, looking at Mary very compassionately, making it clear that there is room for what is showing up for Mary.)

Mary: (eventually continuing) It's my daughter. I love her so much! If anything happened to her—(breaks off, unable to speak)

Therapist: So you have your daughter—what's her name?

Mary: Laura.

Therapist: You have Laura as a person you cherish, and the fear is losing her? As in death?

Mary: Yes!

Therapist: And were you able to contact the value there?

Mary: Of course! I love her!

Therapist: Did you put that on the card? (Mary shakes her head no.) If you will, please go ahead and put "loving my daughter" on the card. (Mary writes this on the card.)

Therapist: (to the group) Do others here have similar things on their cards? (Most members nod. The therapist is not worried about everyone having something similar, or even whether they've fully defined their values yet...she is after a larger point.) Thank you for doing that. And now I'm going to do something. I'm going to give you a very unusual opportunity. (The therapist rises, goes to the trash can sitting near the door and brings it back to the group. She then places it on the floor in the middle of the group.) I am going to give you a once-in-a-lifetime opportunity. Take a look at the fears you wrote on your cards (Members look at their cards, Mary is still sniffing). I am going to give you the opportunity to throw those cards away (members look up, surprised). Right here, right now. (to Mary) You can throw that painful, painful fear around losing your daughter away. (pauses for effect) But here's the thing. Know that if you throw that fear away, the value goes with it. (pauses, letting this sink in) If you throw away the fear of losing your daughter, then love has to go. The fear of loss, loss itself, comes from love. (The therapist looks inquiringly at Mary, waits.)

Mary: (shaking her head and clutching her card to her chest) Absolutely not.

Therapist: (tips her head at Mary, still very serious) Any one else? (There's silence in the room; no one puts cards in the trash.)

Therapist: (after allowing plenty of time for the group to sit with this) We forget sometimes, or don't realize, what it would actually mean if our lives were free of pain, of loss, of fear. We forget what caring brings.

Setting Your Intentions (committed action)

This exercise is one that therapists might conduct to secure group members' intention for committed action, the core process discussed in chapter 10 of *Learning ACT for Group Treatment*.

Get settled in your seat and close your eyes, or focus on a small area in front of you. Take a few deep breaths, and focus your attention on your breath. *(Pause)* We are embarking on a new day, a new journey. The only thing we really have in life is this moment. *(Pause)* Notice that this moment leads to the next, and the next, and so on... and those moments will string together today. Today leads to tomorrow. A new day is in front of us and awaits us. What would you like to do with this day? New possibilities are in this moment. And this one. And this one. As you chain together the moments of this day, ask yourself how you would like to show up for this day. How do you intend to use your time today? *(Pause)* Think about how you can give purpose to your time here on this day. Set your intention there. *(Pause)* When you are ready, return your focus to the room.

My Committed Action (committed action)

Get settled in your seat and close your eyes, or focus on a small area in front of you. Take a few deep breaths, and focus your attention on your breath. *(Pause)* During this group, we are going to focus on setting a committed action in light of our values. Take a moment to focus on one of your values—perhaps the one that has slipped farthest away. *(Pause)* Now realize that you have your mind, your senses, your words, your hands, and your feet to serve you to move toward a meaningful life...stepping closer to the life of your choosing. *(Pause)* Imagine yourself moving closer to your values. *(Pause)* What shows up for you? Excitement? Fear? Joy? Anxiety? Notice that whatever shows up for you here is part of the process. Now, notice the Noticer. Bring your awareness to the you that knows this is something you are experiencing. To the you that is larger than these thoughts and feelings, a you that chooses to lean in and embrace it. *(Pause for a few moments to let this settle in.)* We are getting ready to jump into life with both feet. *(Pause)* When you are ready, open your eyes and rejoin the room.

Passengers on the Bus

(adapted from Hayes et al., 2011)

This metaphor, discussed in chapter 10 of *Learning ACT for Group Treatment*, exemplifies how our passengers in life—our private events (thoughts, urges, painful memories, etc.)—can often seem to drive our decisions. Here, we demonstrate that the person (the driver) can decide the direction of the bus irrespective of the passengers' insistence on a different direction *if* one is willing to take them along for the ride (rather than engaging in futile efforts to get them off the bus or to behave and be quiet). In addition to being a common ACT metaphor, Passengers on the Bus can also be done as an experiential exercise that pulls in *all* of the core tenets of ACT (e.g., willingness to move in the direction of one's values using committed action through contacting the present and defusing from private events).

Use the group members' chairs to form a "bus" in the middle of the room. Depending on your group size, you will want about four to six "passengers" for the bus, and one "driver." Ask group members to volunteer to be either a passenger or the driver. Once they are situated, explain the following: (To the driver), "I want you to think of something you would like to accomplish or move toward, but your private prattle holds you back from getting there." (Then, after the driver chooses), "Each one of your passengers represents each one of those thoughts getting in your way. Look at your group mates, and assign each one of them one of those thoughts." (The driver turns to each passenger and assigns each of them a thought such as *you're incompetent*, *you're not smart enough*, *no one will like you*, and the like.) Continue with the following directives: "You will drive your bus toward your committed action of [whatever the driver named, e.g., enroll in college, get a new job, write a book], located over there [point to the wall in front of the bus]. But, before you leave on your journey, you must first pick up your passengers. Look at each of them, listen to what they have to say to you, and reply, 'Please get on the bus.' Passengers, you do so, and keep up the blather! You don't need to keep repeating the same word over and over; related words will do as well! For example, if your driver assigned you *you're stupid*, you can keep going on that theme with 'you are really stupid. You can't figure anything out! I'm surprised you know how to tie your shoes, etc.' Driver, after all of your passengers are on the bus, look straight ahead, and drive your bus toward your committed action."

Afterward, process this activity by asking questions such as "What did you want to do, driver?" Typical responses include "I wanted to stop the bus and run," or "I wanted to turn around to shut them up," or "Stop and kick them off of the bus." Talk about what happens to moving toward your plan if you do any of those things. Also process the passengers' experiences. This can be a really hard role for them. Group members often say they feel mean, or they don't like being rude. Don't forget to get feedback from the entire group as to what it was like to witness or participate in this activity, and if it is relatable to group members' own experiences with their interfering thoughts.

Take Your Mind for a Walk

(Hayes et al., 2011)

This exercise can be used in many types of ACT groups, including the limited-session group that was exemplified in chapter 11 of *Learning ACT for Group Treatment*. This fun exercise—an ACT mainstay—will get your group moving and help members understand what we mean by defusing from our minds.

For this exercise, have members pair up (if there is an odd number, the therapist can participate in the exercise). Once paired, give the group the following instructions: “One of you is going to be you, and one of you is going to be the other person’s mind. So in each pair, there is one ‘person,’ and then one ‘mind.’ Take a few moments now to decide who will be the person and who will be the mind.” (*Each pair follows this instruction.*) “Minds, this is your job. Walk behind your person, and be a mind! Chatter away! Do what minds do—weigh in on everything! Comment, judge...try to convince your person where to walk, what to look at, what to do, taunt, distract, entertain...just keep it going until I cue you to stop. Persons, this is your job: Go where you want to go, do what you want to do, and while you are doing so, never mind your mind! Do not talk back to your mind or allow your mind to convince you to do anything other than of your choosing. Minds, if your person violates this rule, simply say, ‘Never mind your mind,’ and continue on. Persons, there should be no talking. After five minutes, we will switch. Persons will become minds and vice versa. Now, find a partner, and let’s take our minds for a walk!”

After the exercise, process the group’s experiences. Typically, we have found that the conversation following this exercise is quite lively and doesn’t require much direction. However, if you need a little help getting things going, some grist for the mill includes questions such as “What did you think about your mind’s chatter?” “What were some of the challenges when you were being the ‘person?’” “What was it like to be the ‘mind?’”

An additional option with this exercise is to ask each pair, after each member has had a chance to be both “person” and “mind,” to then separate and walk in silence. This is done immediately after cueing the second “mind” to stop talking: “Now, I’d like each of you to remain silent, and to walk by yourself for a few minutes. So no talking, just walking in silence until I cue you that it’s time to rejoin our group.” When processing the exercise afterwards, members will often make the observation that their own, real minds stayed busy—that although they were no longer being followed around by their “mind” (i.e., their partner), their own minds continued to talk away. This observation, noticing the ongoing chatter of the mind, indicates the group member is building the ability to defuse.

Acceptance and Commitment Therapy (ACT): Basic Terminology

ACT employs six core principles to help clients develop psychological flexibility. The methods differ greatly from other forms of therapy, and there is language that is probably new to you. In order to get you started, here are some basic ACT terms defined:

ACCEPTANCE: Allowing thoughts, emotions, beliefs, images, memories, and situations to come and go without struggling with them.

COMMITTED ACTION: Setting goals according to values and carrying them out responsibly.

CONTACT WITH THE PRESENT MOMENT: Awareness of the here and now, experienced with openness, interest, and receptiveness.

DEFUSION: Learning to perceive thoughts, images, beliefs, emotions, and memories as what they are, not what they appear to be.

SELF-AS-CONTEXT (OR OBSERVER SELF): Accessing a transcendent sense of self, a continuity of consciousness that is unchanging.

VALUES: Discovering what elements of life are most important to one's true self; deciding how to "show up" for life.

Handout: Clarifying Values Worksheet

(Walser & Westrup, 2007)

Instructions: The sheet you have just been given is a clarifying values worksheet. It lists different areas of life that are valued by most people. You may find that you have values in each of these areas, or you may find that you have values in only some of them. Focus on any area that is of importance to you. This worksheet is not a test to see if you have the “correct” values. Instead, work on describing the qualities that you would like to see be present for you in each area. Describe how you would like to treat people, including yourself, if you had the ideal situation. Feel free to elaborate and use additional sheets of paper.

To complete the values sheet:

1. Describe your values as if no one would ever read this worksheet. Be bold.
2. Rate the importance of this value using the following scale: 0 = not at all important; 1 = moderately important; 2 = very important.
3. Describe several specific goals that could help you in terms of living each value. Choose goals that can be instituted regularly or immediately.
4. Write down a thought or emotion that might prevent you from doing a specific goal.
5. Write a short paragraph about what it would mean to you to live the value and what it would mean if you didn't.

Work through each of the life domains. Several of these domains will overlap. Do your best to keep them separate. Remember, a value is something that you can always be working on—it is your compass direction, not your outcome. We are not asking what you think you could realistically achieve or what you or others think you deserve. We want to know what you care about, what you would want to work toward, in the best of all situations. While doing the worksheet, pretend that magic happened and that anything is possible. Discuss this goals and values assessment in your next therapy session.

Clarifying Values Worksheet

Example:

1. **Value:** *I want to be a loving and gentle partner.*

Importance: 2

Goals: 1. Tell my partner that I love him; 2. Do kind things for my partner, like buy him small gifts that are a surprise now and then; 3. Honor his opinion; 4. Listen to him when he has a complaint and talk openly about it.

Thoughts and emotions that might prevent you from living your values: *Anxiety, anger, thoughts that my partner should tell me he loves me before I tell him that I love him.*

Write a short paragraph about what it would mean to you to live the value and what it would mean if you didn't: *To live this value would mean getting more connected to my partner. However, that feels risky as I would need to be intimate. To not live with this value means I would continue to feel distant from my partner.*

Domains and Values

1. **Marriage/intimate relations values:**

Importance:

Goals:

Thoughts and emotions that might prevent you from living your values:

Write a short paragraph about what it would mean to you to live the value and what it would mean if you didn't:

2. Family relations values:

Importance:

Goals:

Thoughts and emotions that might prevent you from living your values:

Write a short paragraph about what it would mean to you to live the value and what it would mean if you didn't:

3. Friendships/social relations values:

Importance:

Goals:

Thoughts and emotions that might prevent you from living your values:

Write a short paragraph about what it would mean to you to live the value and what it would mean if you didn't:

4. Employment/education/training values:

Importance:

Goals:

Thoughts and emotions that might prevent you from living your values:

Write a short paragraph about what it would mean to you to live the value and what it would mean if you didn't:

5. Recreation/citizenship values:

Importance:

Goals:

Thoughts and emotions that might prevent you from living your values:

Write a short paragraph about what it would mean to you to live the value and what it would mean if you didn't:

6. Spirituality values:

Importance:

Goals:

Thoughts and emotions that might prevent you from living your values:

Write a short paragraph about what it would mean to you to live the value and what it would mean if you didn't:

7. Physical well-being values:

Importance:

Goals:

Thoughts and emotions that might prevent you from living your values:

Write a short paragraph about what it would mean to you to live the value and what it would mean if you didn't:

My Committed Action Worksheet

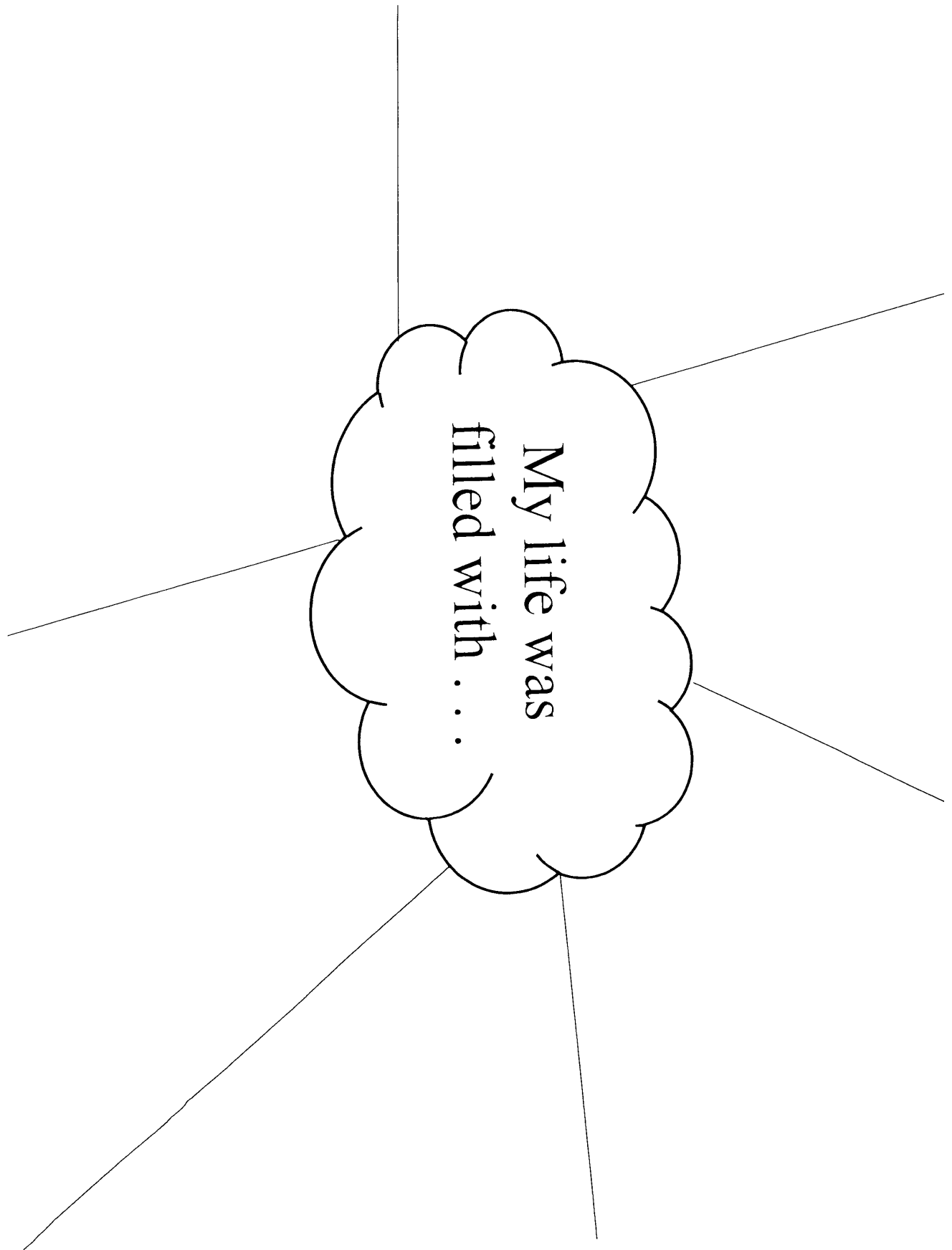
Please select a value you would like to move toward, and write it in the blank below. Next, think about specific actions you could take that take you toward that value. For example, committing to going to the gym might be in service of your value of health.

Next, fill out various goals you are willing to accomplish in the short term, medium term, and long term.

In service of my value of _____, I commit to the following activities.

SHORT TERM	MEDIUM TERM	LONG TERM

Handout: My Shrinking Life Space



Handout: Self as Context Tracking Sheet

(Walser & Westrup, 2007)

Instructions: This homework assignment is designed to further help you contact self-as-context or connect with the self that experiences things like thoughts, emotions, and sensations as ongoing processes—as if they flow through you rather than being you. In this exercise, you will get practice being the observer self. Start by choosing two days between now and the next time we meet to do this exercise.

Day 1 _____

Day 2 _____

On each of these days, select three times throughout the day when you will pause for about five minutes and take the time to notice what you're thinking, feeling, and sensing. Write down these different experiences on the tracking sheet. Be descriptive and spend just a little time elaborating on these experiences. At the end of the third time, reflect back on all three five-minute periods and observe the differences between them. Take note of how your experiences changed throughout the day.

Once you have reflected on how your experiences changed throughout the day, prepare to do a five-minute meditation. Start with closing your eyes and reflecting back on these experiences. Spend time in the meditation noticing the you that had those experiences. Notice the you that was there continuously throughout those experiences. As you meditate, take comfort in the fact that you have been there all along—that there is a stable and continuous you that is aware of these experiences and knows that you are larger than these experiences. End the meditation by taking a moment to gently appreciate yourself for taking the time to contact this sense of self.

Write in your responses on the tracking sheet.

TRACKING SHEET

TRACKING SHEET	
Day 1 Time 1:	Day 2 Time 1:
Thoughts:	Thoughts:
Emotions:	Emotions:
Sensations:	Sensations:
Day 1 Time 2:	Day 2 Time 2:
Thoughts:	Thoughts:
Emotions:	Emotions:
Sensations:	Sensations:
Day 1 Time 3:	Day 2 Time 3:
Thoughts:	Thoughts:
Emotions:	Emotions:
Sensations:	Sensations:

Write a brief paragraph about your meditation experience on each day. What did you discover?

Handout: Mindful Action Plan

The Mindful Action Plan

*I am here now,
accepting the way I feel and noticing my thoughts,
while doing what I care about.*

	Addressing Internal-World Issues	✓
I Am	Notice if you are being influenced by any unhelpful self-descriptions. Rather than buy into them, see if you can simply notice and hold them lightly.	
Here Now	Center your situational awareness on what you are doing. Notice what is happening here and now. If your mind manages to distract you, bring your attention back to this moment. Focus on what is relevant to your actions.	
Accepting	Allow yourself to acknowledge any emotions you are having without trying to control the emotions. Be willing to simply have those feelings while moving forward with valuable actions.	
Noticing	Prepare to simply notice thoughts that arise while moving forward with your valued actions. No need to buy into them or struggle with them. Treat distracting thoughts as disconnected from action while choosing to act in a meaningful manner.	
Doing	What choice can you make in this moment that takes you in the direction of your values?	
What I Care About	Values-Based Motivation	
	Personal Values: Describe your motivation for engaging in your chosen actions.	

Furthering Your ACT Skills

It has been such a pleasure laying out the ACT model for you in this book and working on how to successfully conduct an ACT group. You have all you need to get started. However, many ACT practitioners—like those from other disciplines—are constantly looking for resources to hone our craft and continue to improve our skills. We read, we attend workshops, we read, we watch videos, we read, we listen to podcasts, we read, we monitor our own personal progress through apps, we read, we attend peer consultation groups, we read...you get the picture! If you are new to the ACT community, you are in for quite a treat when it comes to resources. Many of us who contribute to teaching and training ACT clinicians are about “giving away the farm.” That is to say that we really enjoy sharing freely our knowledge.

The ACT community is wonderful at providing a wealth of resources to those interested in learning more about the model. Books, scholarly articles, DVDs, online resources, webinars, podcasts, conferences, and even apps abound. Here, we have included some resources to help you further your skills as an ACT therapist and have also included some self-help resources for your group members.

Far and away, the best place to go for resources is the website for the Association for Contextual Behavioral Science (ACBS), the home of the ACT community. The website is <http://www.contextualscience.org>. Here you will find a superfluity of resources! You can access many without joining the organization, but if you wish to join, ACBS allows you to pay “values-based” dues. You get to choose how much you can afford and/or what you think the material is worth to you and your practice. However, even without becoming a member, you can find ACT therapists by area, browse the professional and self-help book stores, listen to podcasts, watch some of the videos available, and see the community calendar for upcoming ACT events around the world. With a membership, you can additionally access audio files, PowerPoint presentations, publications, teaching and assessment materials, listservs, and the Journal of Contextual Behavioral Science (JCBS); join local chapters; and network. Whether or not you decide to join, we highly recommend you peruse this invaluable ACT resource.

Books

So many ACT books, so little time! Indeed, ACT people are prolific writers! As relatively new as the model is compared with others, the number of publications on the topic is impressive. In fact, we don't have room to provide a comprehensive book list for you here, but we have selected a few for you as suggested reading.

General—Transdiagnostic

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

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. New York, NY: SAGE Publications, Ltd.
- Ciarrochi, J. V., & Baily, A. (2008). *A CBT practitioner's guide to ACT: How to bridge the gap between cognitive behavioral therapy and acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications.
- Harris, R. (2013). *Getting unstuck in ACT: A clinician's guide to overcoming common obstacles in acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. J. (2011). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York, NY: Guilford Press.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. Oakland, CA: New Harbinger Publications and Reno, NV: Context Press.
- Torneke, N. (2010). *Learning RFT: An introduction to relational frame theory and its clinical application*. Oakland, CA: New Harbinger Publications.

Advanced—Transdiagnostic

- Dymond, S., & Roche, B. (Eds.). (2013). *Advances in relational frame theory: Research and application*. Oakland, CA: New Harbinger Publications.
- Frank, R. I., & Davidson, J. (2014). *The transdiagnostic road map to case formulation and treatment planning*. Oakland, CA: New Harbinger Publications.
- McHugh, L., & Stewart, I. (2012). *The self and perspective taking: Contributions and applications from modern behavioral science*. Oakland, CA: New Harbinger Publications.
- Westrup, D. (2014). *Advanced acceptance and commitment therapy: The experienced practitioner's guide to optimizing delivery*. Oakland, CA: New Harbinger Publications.

Specific Populations

Adolescents

- Ciarrochi, J. V., Hayes, L., & Bailey, A. (2012). *Get out of your mind and into your life for teens: A guide to living and extraordinary life*. Oakland, CA: New Harbinger Publications.
- Greco, L. A., & Hayes, S. C. (2008). *Acceptance and mindfulness treatments for children and adolescents: A practitioner's guide*. Oakland, CA: New Harbinger Publications.
- Turrell, S. L., & Bell, M. (2016). *ACT for adolescents: Treating teens and adolescents in individual and group therapy*. Oakland, CA: New Harbinger Publications.

Addictive Behavior

- Hayes, S. C., & Levin, M. E. (Eds.). (2012). *Mindfulness and acceptance for addictive behaviors: Applying contextual CBT to substance abuse and behavioral addictions*. Oakland, CA: New Harbinger Publications.

Anger

- Eifert, G. H., McKay, M., & Forsyth, J. P. (2006). *ACT on life not on anger: The New acceptance and commitment therapy guide to problem anger*. Oakland, CA: New Harbinger Publications.

Anxiety

Eifert, G. H., & Forsyth, J. P. (2005). *Acceptance and commitment therapy for anxiety disorders: A practitioner's guide to using mindfulness, acceptance, and values-based behavior change strategies*. Oakland, CA: New Harbinger Publications.

Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. Oakland, CA: New Harbinger Publications.

Brief

Strosahl, K., Robinson, P., & Gustavsson, T. (2012). *Brief interventions for radical change: Principles and practice of focused acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications.

Strosahl, K., Robinson, P., & Gustavsson, T. (2015). *Inside this moment: A clinician's guide to promoting radical change using acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications.

Clergy

Nieuwsma, J. A., Walser, R. D., & Hayes, S. C. (2016). *ACT for clergy and pastoral counselors: Using acceptance and commitment therapy to bridge psychological and spiritual care*. Oakland, CA: New Harbinger Publications.

College Students

Pistorello, J. (2013). *Mindfulness and acceptance for counseling college students: Theory and practical applications for intervention, prevention and outreach*. Oakland, CA: New Harbinger Publications.

Depression

Zettle, R. (2007). *ACT for depression: A clinician's guide to using acceptance and commitment therapy in treating depression*. Oakland, CA: New Harbinger Publications.

Eating Disorders

Pearson, A. N., Heffner, M., & Follette, V. M. (2010). *Acceptance and commitment therapy for body image dissatisfaction: A practitioner's guide to using mindfulness, acceptance, and values-based behavior change strategies*. Oakland, CA: New Harbinger Publications.

Sandoz, E. K., Wilson, K. G., & Dufrene, T. (2010). *Acceptance and commitment therapy for eating disorders: A process-focused guide to treating anorexia and bulimia*. Oakland, CA: New Harbinger Publications.

Nonclinical

Flaxman, P. E., Bond, F. W., & Livheim, F. (2013). *The mindful and effective employee: An acceptance and commitment therapy training manual for improving well-being and performance*. Oakland, CA: New Harbinger Publications.

McSween, T. (2003). *The values-based safety process: A concise and practical guide for establishing safety in the workplace* (2nd ed.). Hoboken, NJ: Wiley Publications.

Moran, D. J. (2013). *Building safety commitment*. Joliet, IL: Valued Living Books.

Self-Help

General—Transdiagnostic

- Blonna, R. (2010). *Stress less live more: How acceptance and commitment therapy can help you live a busy yet balanced life*. Oakland, CA: New Harbinger Publications.
- Hayes, S. C. (2005). *Get out of your mind and into your life: The new acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications.
- McKay, M., Forsyth, J. P., & Eifert, G. H. (2010). *Your life on purpose: How to find what matters and create the life you most want*. Oakland, CA: New Harbinger Publications.
- Walser, R. & Westrup, D. (2009). *The mindful couple: How acceptance and mindfulness can lead you to the life you want*. Oakland, CA: New Harbinger Publications.

Addictive Behavior

- Wilson, K. G. (2012). *The wisdom to know the difference: An acceptance and commitment therapy workbook for overcoming substance use*. Oakland, CA: New Harbinger Publications.

Anxiety

- Wilson, K. G., & Dufrene, T. (2010). *Things might go terribly, horribly wrong: A guide to life liberated from anxiety*. Oakland, CA: New Harbinger Publications.
- Forsyth, J. P., & Eifert, G. H. (2016). *The mindfulness and acceptance workbook for anxiety: A guide to breaking free from anxiety, phobias and worry using acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications.
- Fleming, J. E., & Kocovski, N. L. (2013). *The mindfulness and acceptance workbook for anxiety for social anxiety and shyness: Using acceptance and commitment therapy to free yourself from fear and reclaim your life*. Oakland, CA: New Harbinger Publications.

Depression

- Strosahl, K. D., & Robinsom, P. J. (2008). *The mindfulness and acceptance workbook for depression: Using acceptance and commitment therapy to move through depression and create a life worth living*. Oakland, CA: New Harbinger Publications.

Eating Disorders

- Lillis, J., Dahl, J., & Weineland, S. M. (2014). *The diet trap: Feed your psychological needs and end the weight loss struggle using acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications.
- Sandoz, E. K., Wilson, K. G., & Dufrene, T. (2011). *The mindfulness and acceptance workbook for bulimia: A guide to breaking free from bulimia using acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications.

Chronic Pain

Dahl, J., & Lundgren, T. (2006). *Living beyond your pain: Using acceptance and commitment therapy to ease chronic pain*. Oakland, CA: New Harbinger Publications.

Trauma

Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. Oakland, CA: New Harbinger Publications.

DVDs

Although there are several more DVDs about ACT than we have listed here, many of them are only accessible to those who belong to particular organizations. This list includes DVDs that are readily available to you.

Hayes, S. C. (Ed.). (2007). *ACT in action DVD series*. Oakland, CA: New Harbinger Publications. (a series of 6 DVDs)

McKay, M., & Zurita Ona, P. E. (2011). *Introduction to ACT*.

McKay, M., & Zurita Ona, P. E. (2011). *Advanced Training in ACT*.

Learning on the Go

There are some really fun ways to learn more about ACT when you are on the move. Podcasts and apps are two ways to increase your ACT knowledge while you are either relaxing at home or out in the world living your life.

Podcasts

Functionally Speaking—D. J. Moran. Available at <http://www.DJMoran.podbean.com> Functionally Speaking is a series of interviews Dr. Moran has with various ACT practitioners about a variety of topics.

ACT: Taking Hurt to Hope—JoAnne Dahl. Available at <http://www.webtalkradio.net/internet-talk-radio/act-taking-hurt-to-hope> Dr. Dahl interviews ACT practitioners on a variety of ACT-related topics.

ACT in Context—Available at <http://www.contextualscience.org>. This is a series of various ACT practitioners discussing issues related to the ACT model.

Apps

ACT Companion—Russ Harris. Works for clients and clinicians alike. Includes mindfulness recordings and a daily “ACT-o-Meter,” which gives the user a flexibility scale for the day.

ACT Coach—U.S. Department of Veterans Affairs. Helps the user stay on track with daily ACT-related activities.

Mp3s

At <http://www.buildingsafetycommitment.com> D.J. Moran has several mindfulness exercises available on Mp3 files. Fun fact: it's Joann's voice!

Workshops

Workshops for ACT practitioners are aplenty. Besides the annual conference, there are many training opportunities throughout the world. Visit the training events calendar on the ACBS website at <http://www.contextualscience.org> for more information on workshops coming your way!

Consultations

Those who train others in ACT are quite invested in maintaining the integrity of the model. For this reason, you will find an abundance of consultation opportunities throughout the community.

Online Consultation

Should you choose to join ACBS, consider joining the ACT listserv for online discussions about ACT. After you join ACBS, you can find the listservs at acceptanceandcommitmenttherapy@yahoogroups.com. This is a great way to obtain consultation every day with ACT trainers and others interested in learning more about ACT.

The website <http://www.learningact.com> also has a forum that is intended to focus on discussion for those wanting to learn more about ACT and how to use it with their clients.

Peer Consultation

There might be a peer consultation group in your area. If there isn't one in your area, you might check to see whether there are other ACT therapists in your area by looking through the directory of ACT therapists on the ACBS website, and ask whether anyone is interested in forming a peer consultation group.

Phone Consultation

If there isn't anyone available in your area for consultation, this is a terrific method for learning ACT. Many of the peer-reviewed ACT trainers listed on the ACT website offer phone consultation. You can find this list at http://www.contextualscience.org/act_trainers.