# C Update 3

California Society for Clinical Social Work

Volume XLIV Number 2, September 2012

# INSIDE Update

Acceptance and Commitment Therapy (ACT): Be Present, Open Up and Do What Matters Most By Bree Rhodes MA, MFTI

Page 1

**District Meetings** 

Page 2

Nine Ideas I Wish I Had Known as a Beginning Therapist By George Rosenfeld, PhD

Page 5

Inside the Institute & Do you Know?

Page 6

Law & Ethics Corner: Advertising Your Practice By Myles Montgomery

Page 7

**CSCSW** Orange County Law & Ethics Training!

Page 8

Book Review: Coming Home to Passion: Restoring Loving Sexuality In Couples with Histories of Childhood Trauma and Neglect By Ruth Cohn Reviewed by Michelle J. Frisch, Ph.D., LCSW

Page 9

Classifieds & Cartoon

Page 18



Acceptance and Commitment Therapy (ACT): Be Present, Open Up, and Do What Matters Most

By Bree Rhodes, MA, MFTI

Let's say that I really love my partner; I really value his support, commitment, and compassion in our relationship. And let's say that these are also values that I want to adopt for myself as a partner in this relationship. After a full day at work, I head to the grocery store to buy tonight's dinner. When I return home to my partner, laden with heavy grocery bags, the first thing I see is a sink full of dirty dishes waiting for me when I am ready to cook dinner. However, this is not the first time this has happened, so my mind quickly stews on previous experiences of the same area of contention. And whilst this is happening, I start to fuse with the frustration and annoyance that I initially felt. I react by becoming quiet and withdrawn, while my partner greets me with pleasantries and "welcome home" kisses and hugs. But I ignore these gestures because all I can think about are the dirty dishes; and "why aren't they done" quickly turns into old stories too long to dictate here. As I turn my back on him and drop everything to attend to the dirty dishes, he can see that something is wrong and asks me if I'm okay. I mumble "fine" (which Steven Tyler from Aerosmith, 1989, calls "F'd up, Insecure, Neurotic, and Emotional"). His lavish displays of love and happiness in our present moment are lost on me as I struggle with unhelpful thoughts and feelings, and become tangled with old stories, all of the past. With some small awareness that this is happening and that I am only making it worse by not doing anything helpful or value-driven about it, I become engulfed in secondary painful feelings of guilt and regret which only add to my initial suffering and pain. End result: I leave unfulfilled my value of being a loving, supportive, compassionate partner in a loving, supportive, compassionate relationship; I invalidate my true feelings and desires while creating more suffering for myself with the help of listening to old stories and unhelpful thoughts that color my present; and, at the end of the day, I am left doing the dishes.

(Continued on page 10)



Published by and for the members of the California Society for Clinical Social Work

# Acceptance and Commitment Therapy (ACT): Be Present, Open Up, and Do What Matters Most By Bree Rhodes, MA, MFTI

Continued from Page 1

Helping the client to live more authentically and become open to the range of possibilities that are offered is akin to the aims expressed in acceptance and commitment therapy (ACT, pronounced as "act" rather than A-C-T)—a framework I often draw from when working therapeutically with clients, and have applied to my own way of life since being stuck in the sink of dirty dishes. ACT encourages individuals to accept the givens of life, rather than applying various control strategies to avoid both internal and external experiences, while taking committed action that is guided by one's values for the purpose of living a rich and meaningful life, hence, as the name of the therapy suggests: acceptance and commitment. Having been credited as an existential humanistic cognitive behavioral therapy, ACT is described as one of the new, third wave of mindfulness-based, cognitive behavioral therapies—where dialectical behavioral therapy (DBT) is also housed—ACT encourages one to be present, open up, and do what matters most. These three principles wholly encompass the ACT hexiflex that is the basis for the treatment approach. It presumes that when one is able to integrate these concepts, that person is able to achieve "psychological flexibility" (as opposed to "psychological rigidity") to help him/her handle painful thoughts and feelings effectively in such a way that they have much less impact and influence, and to help the individual clarify what is truly important and meaningful for the purpose of taking action that enriches life.

The ACT hexiflex refers to the six core processes that involve 1) being in contact with the present moment; 2) the observing self 3) cognitive defusion; 4) acceptance; 5) values; and 6) committed action.

### Be Present

Being in contact with the present moment is where the practice of mindfulness is essential. Mindfulness as a skill is a major component to the ACT framework that enables the individual to be aware of the present moment, including one's internal and external experiences. Whilst we are conditioned within a society that values multi-tasking and problem solving, it becomes easy to get caught up in our thoughts—

particularly about the past and the future—by which we lose touch with the immediate world around us. When we lose contact with the present, we run the risk of separating ourselves from experiences that may enrich our lives. On the converse, an example of mindlessness is when we find ourselves on automatic-pilot, or simply going through the motions. Slowing down and being mindful enables us to notice what information our minds and feelings are presenting in a situation, which may help influence our actions rather than propel us to react in ways that may take us further from what we actually want. ACT provides the therapist with a litany of mindfulness exercises that clients are encouraged to practice, all for the purpose of enhancing one's awareness that is the catalyst for growth.

The second process enveloped in the principle of opening up is that of the self-as-context, or the *observing self*. This refers to the part of the self that is able to observe whatever it is that we are thinking, feeling, sensing, or doing in any moment. This therapeutic process recognizes that, while our thoughts, feelings, and sensations vary from moment to moment, the "you" that is able to observe all of those aspects never changes. This core process can be very helpful for those who are quite rigid in the way they view their self and their being-in-the-world, as it motivates the individual to be fluid given the present situation.

# Open Up

Cognitive defusion and acceptance provide individuals with ways to help them better relate to unhelpful thoughts and uncomfortable feelings. (Please note here that when I use the word "better," I refer to what is more helpful for the individual. ACT conceptualizes that what is more helpful or unhelpful to the client—which is wholly subjective—rather than what the therapist thinks, is best prescribed for the individual.) Defusion focuses on thoughts; when we are fused with our thoughts, we are looking from them, whereas, conversely, when we are defused from our thoughts, we are able to look at them, observe them, and distance ourselves from them. Defusing from our thoughts reduces the struggle that arises when we are all tangled up with them. "We see our thoughts for what they

are—nothing more or less than words or pictures" and "hold them lightly instead of clutching them tightly" (Harris, 2009, p9). For example, should one become fused with the old story of "I'm not good enough," or "He's so lazy" to the point that little else can be seen beyond that thought, experiences that may otherwise be enriching and self-fulfilling are out of perspective.

ACT proposes that much of our self-inflicted suffering is a result of our inability to accept that which isuncomfortable or unwanted, combined with our assumption that we should be able to fix or control what we don't like in both our inner and outer worlds. ACT normalizes these control strategies as something we all struggle with as humans, and that when we find we can't control, change, or fix what we perceive as being broken, we face what Dr. Russ Harris calls "the reality gap." This is what we experience when there is a gap between what we want, and what we've got. We may adopt several unhelpful control strategies when we struggle with the acceptance of this natural and inevitable gap, one being avoidance of the experience that reminds us of this gap. ACT refers to this as experiential avoidance, the polar opposite of acceptance. By closing ourselves off to the possibilities of experience, we remain stagnant, for as stated by Thompson (1994): "...experience doesn't merely change the world I inhabit, it also reveals things to me that I hadn't known" (p236). This may put those who are largely traditional, CBT-based therapists in a tailspin, because rather than encouraging a client to thoughtstop or replace negative thoughts with positive ones, ACT encourages the client to reduce the degree to which we judge our experiences as good or bad, and to make room for all feelings—both pleasant and unpleasant.

## **Do What Matters**

When we are able to be present and open to all of our experiences from a perspective of flexibility, and relate to our thoughts and feelings in ways that are more helpful for us by reducing our struggle with them, we are freed up to be able to take committed action that is guided by what matters most to us—our values. *Values* exploration is another key focus in ACT as it serves as the basis for which the individual chooses to direct one's life. This, too, is wholly subjective, and not what the therapist believes is best for, or should matter most to, the client. The idea is that when we are living our

lives in a direction that is guided by our values, our sense of life satisfaction will improve. Take, for example, my earlier story about the dishes. My passiveaggressive response to my partner did not bring me closer to satisfying my value of being understood, nor my value of being a loving, supportive, caring partner to my loved one. Instead, my lack of present awareness and automatic pilot responses widened the gap, and ultimately my suffering increased because I took action that was incongruent with my values. It is possible to be unsure or unaware of what one perceives his/her values to be, especially if one has been blindly following the values imposed by mom, dad, society, etc., or if the person has been living outside of his/her values for quite some time. This is often what we see with individuals struggling with long-term addiction. Part of the rich work here is deciphering what the individual really cares about most, and ACT prescribes a number of interventions and metaphors to help the individual identify these personal values.

Once the individual has clarified personal values, the next step is to take action—effective, committed action—that is guided by these values. ACT makes the distinction between values and goals, explained by Dr. Russ Harris (2009) here:

Values are like a compass. A compass gives you direction and keeps you on track when you're traveling. And our values do the same for the journey of life. We use them to choose the direction in which we want to move and to keep us on track as we go. So when you act on a value, it's like heading west. No matter how far west you travel, you never get there; there's always further to go. But goals are like the things you try to achieve on your journey: they're like the sights you want to see or the mountains you want to climb while you keep on traveling west (p 192).

Committed action marks the steps one takes leading towards a value-driven goal. The idea of committed action patterns is to gradually build the pattern from something small and possibly sporadic, to a way the individual leads a life that is ultimately rich and meaningful. "Committed action can start with limited

goals and just begin to enlarge upon the client's willingness to act. We are not so much concerned with the magnitude of these acts, as we are with the extent to which they help the client make experiential contact with value-driven, approach oriented behavior" (Hayes and Strosahl, 2004, p. 49). One may see the client-centered, strengths-based qualities within the therapist's application of ACT, in which even the smallest steps that a client makes towards valued-living is praised and positively reinforced. However, the hope is that the client finds intrinsic satisfaction by simply acting in accordance with one's values, and that this serves as the primary motivator for continued committed action.

On another day, I came home to the same scene: dirty dishes in the sink. Instantly, the same old stories and feelings of frustration and annoyance presented themselves. However, this time, I slowed down to notice what was going on in my present moment,

noticing my thoughts and feelings. Rather than struggle with them, or beat myself up for having them, I allowed them to be there. Rather than acting on impulse, I was present enough to recognize what mattered most to me in the moment—my relationship and being the loving, caring, supportive partner that I value—I was mindful to take committed action guided by this value. In this case, the committed action I took was to be assertive about my wants and needs, which opened a dialogue about what our shared wants and needs were in our relationship at that time. Since the dawn of what my partner and I can now affectionately call "The Dishes Story," we find that our abilities to be present, open up, and do what matters help us have a thriving relationship. Professionally, I have seen the application of ACT assist those struggling with depression, anxiety, eating disorders, substance abuse, and a variety of other mood-dependent behaviors reduce the struggle and lead lives driven by purpose and meaning.

### References

Harris, R. (2009). ACT Made Simple. Oakland, CA: New Harbinger Publications, Inc.

Harris, R. (2008). The Happiness Trap: How to stop struggling and start living. Boston, MA: Trumpeter.

Hayes, S. (2007). ACT in Action [Psychology DVD series]. USA: New Harbinger Publications.

Hayes, S. C., & Strosahl, K. D. (Eds.). (2004). A practical guide to Acceptance and Commitment Therapy. New York: Springer-Verlag.

Marra, T. (2005). Dialectical Behavior Therapy in Private Practice. Oakland, CA: New Harbinger Publications, Inc.

Thompson, M. G. (1994) Psychotic clients, Laing's treatment philosophy and the fidelity to experience in existential psychoanalysis. In R. May and K. J. Schneider (Eds) *The Psychology of Existence: An Integrative, Clinical Perspective*. New York: McGraw Hill Inc.

Wilson, K. and DuFrene, T. (2010). Things Might Go Terribly, Horribly Wrong: A Guide to Life Liberated from Anxiety. Oakland, CA: New Harbinger Publications, Inc.

Bree Rhodes, MA, MFTI is an adult mental health therapist in California. Having received extensive formal training in ACT therapy, Bree has years of experience in the individual and group treatment of substance abuse disorders, mental health disorders, and dual diagnosis both in the United States and internationally. She can be reached at <a href="mailto:breerhodes67@yahoo.com">breerhodes67@yahoo.com</a>.



I know you are very busy, but you can not outsource your therapy!