The Quick and Dirty. Applying ACT in Clinical Practice

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"While I understand why it may feel like that to those looking in from the outside, dying of cancer, in my experience, has been a succession of hospital visits, a lot of pills and one or two pieces of bad news. But after that, there is an inevitable return to the way you were previously living. Pretty soon I came to realise that it doesn't make any difference if you will be dead in 10 years or 2 months; you still get up, have a shower and make a cup of tea."

– Max Edwards (1999-2016).

https://www.theguardian.com/lifeandstyle/2016/mar/19/im-16-five-months-ago-i-was-diagnosed-with-terminal-cancer

What are we going to cover today?

- When we say ACT what do we mean?
- Exploring ACT and its applications
- Case examples
- For our clients, and for us
- An opportunity for this to be whatever you need!

A couple of things

- The nature of ACT is that we work experientially, not just from a theoretical approach – open and willing to explore/be present to/engage.
- I am not the expert – much more about sharing experiences in the group – what works, what doesn't, how do you know what you think you are doing?!?
- Invite you to consider your own process as much as the client process.

Who am I?

- Working clinically for the last 15 years plus from an Acceptance and Commitment Therapy Framework (ACT)
- Cancer/Palliative Care focus (which means unfixable, complex systems stuff…)
- Supervision predominately from an ACT framework – students through to Senior Professionals
- Experience teaching/writing etc
- Love working with ACT

And You?

- What is your name?
- What is your role?
- What brings you here?
- What are you wanting to take away? If this was a good day, what is one thing that you would walk away with?

Thinking about ACT/Process Therapy

What's in the room?

Brainstorm….

Shame	Guilt	Inadequecy	Overwhelm	Fear
Anxiety	Pride	Happiness	Relax/Chill Vibe	Distress
	Panic	Imposter Syndrome.	Minimising	

- A word about nomenclature – ACT vs Contextual Behaviour Sciences vs Process Based
- What does it mean to be working from an ACT perspective?
- Key components
  - Process over outcome
  - Context over content
  - Shared context and experience – shift in role from Expert/Client roles.
- Familiarity/Evolution – process for clients, supervisors and supervisees.
- How do you know if you are doing it right?

- What does it mean to be process based?
  - Exploring functions of behaviour/emotions/experience rather than the outcome.
  - For clients– thinking about what is bringing them to therapy, what's happening underneath the thing that we see.
  - For Therapists – openness and willingness to explore the complexity of what is arising in the room/what are the patterns that are showing up/inviting a different type of engagement.

Evidence for ACT

- Significant Evidence for ACT across most domains of psychological functioning – high tolerance, and high acceptability as well as improvement in outcomes.
- Key components around increasing psychological flexibility and workability.
- Impact of process-based learning vs simply identifying skills and teaching in therapy - promoting cross context application.

Core ACT principles

- Present Moment Awareness
- Defusion
- Acceptance
- Self as Context/The observing self
- Values
- Committed Action

And then some other bits….
- Self Compassion
- Evolutionary pieces
- Broader process
- Internal and external systems

A big caveat.

You would almost never focus in on one aspect of the Hexaflex, ACT, CBS or Existential Strategy or Skill.

It is all a beautiful swirling together, a bit like a messy ice-cream. You will know if you get the balance wrong!

Present Moment Awareness

- Consciously connecting with what is happening in the moment
- Most people would easily spend time thinking about the past or the future, but as humans we find it difficult to stay present.
- Brings us to the 'here and now experience of life'
- Sometimes the present is not a safe place – what would you do then?
- Likely may not look like mindfulness in the way that we know it.
- Talking about getting present and aware
- Bringing them back to the hear and now rather than spinning into the future.
- Tend to use very basic sensory things – what can you hear, what can you see?

Defusion

- Bringing distance to our thoughts
- Awareness that the thoughts are just thoughts and we don't need to engage with them
- Watching our thoughts rather than getting bossed around by them.
- Getting distance from thoughts…"What does it look like if we put some space between you and your thoughts?"
- Acknowledgment that in the work some of those thoughts have a purpose and meaning, even though they are difficult to experience.
- Recognition that staying distanced from thoughts at all times is likely not achievable
- Use hands as props around this.

Acceptance

- Allowing the experience of unpleasant, painful feelings, sensations, and emotions
- Resist the fight with them – avoidance, overwhelm or pushing them away.
- Exploring what it means to allow the anxiety, fear, distress and sadness to be present
- Concrete – acceptance of 'what if this is as good as it gets' and real difficulties in physical/life experience.
- Naming things
- Being upfront about the reality of getting 'rid' of the anxiety/low mood/urge to fight against the feelings.
- Being gentle with your clients and acceptance, but also with yourself.

Self as Context (The observing self)

- The observing self – the part of you that is able to observe and notice what happens to us in our thinking selves.
- Difficult at times for people to conceptualise
- "From the outside looking in…."
- Separating the two pieces of the brain – one side is the thinking part and the other side is the one that is watching to see what happens.
- Thinking about parts of the human.

Values

- Method of working out what is important to someone, what matters in the end.
- A way of determining committed action and living a life that feels important.
- Discussion about decisions being made now, and whether these are congruent – particularly powerful in thinking about how people are showing up to work, interpersonally etc.
- Easy to talk about this in an existential framework.
- Language is important
- Exploring the experience of limited time and the paradox of meaning.
- A key cornerstone of good therapeutic practice.

Committed Action

- Making conscious decisions to act in a way that is congruent with identified values
- Acceptance that this is not always easy, and in itself might raise difficult emotions
- Can be skill based interventions here – behavioural strategies, goal setting or distress tolerance.
- Working with the limitations that they have and pairing with values.
- Exploring what it would mean to do or not do things.
- Exploring the cost/benefit
- The complexity of hope.

Experiential Learning

- Think about a client experience that you have had/can create that would allow you to practice being ACT congruent.
- We are going to role play– I want this to feel real, so 20 mins each, thinking about how you can bring an ACT lens to the process.
- Then, I will let you know when to switch!
- Will come back to the group for some discussion.

Looking after us.

"I recognized winter. I saw it coming (a mile off, since you ask), and I looked it in the eye. I greeted it and let it in. I had some tricks up my sleeve, you see. I've learned them the hard way. When I started feeling the drag of winter, I began to treat myself like a favored child: with kindness and love. I assumed my needs were reasonable and that my feelings were signals of something important. I kept myself well fed and made sure I was getting enough sleep. I took myself for walks in the fresh air and spent time doing things that soothed me. I asked myself: What is this winter all about? I asked myself: What change is coming?"

Katherine May, The Wintering

A tricky piece....

- What is our own struggle in the work?
- What are the particularly difficult things for us – groups, presentations, moral/ethical pieces?
- What does it mean when the people you see, may mirror your own experience?
- How do we look after ourselves in managing this?
- How do you as a clinician sit with that?

Reflective/Reflexive Practice

- How can I go gently with myself in this work?
- What is one thing that I want to hold onto from today? (A learning, a reflection, an experience in self)
- What are the parts of the work that I can connect with more?
- What happens to me as a therapist as I lean into these spaces?

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