



# Acceptance and Commitment Therapy For Psychosis

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# Workshop Plan

- Part 1 – Introducing the ACT model
- Part 2 - Getting Started: Engagement, Assessment & Formulation
- Part 3 – ACT for Psychosis – Why?
- Part 4 – ACT for Psychosis – Clinical Skills



# Introductions

# Your experience

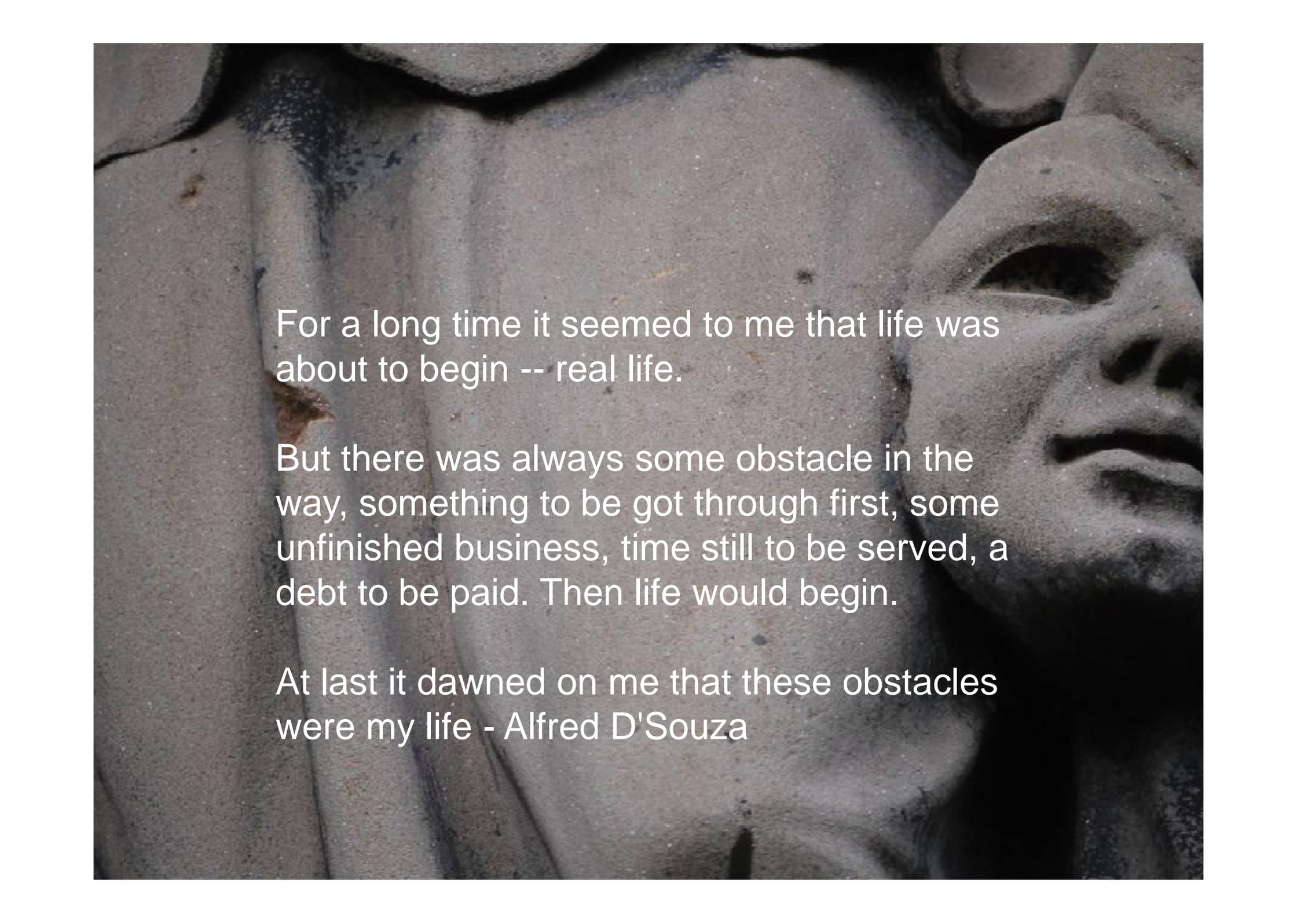
- What work are you doing with people who have experienced psychosis?
- Using:
  - CBT?
  - mindfulness?
  - A recovery approach?
  - ACT?
- Difficulties encountered?

# Aims of this workshop

- To present the case for how ACT may be useful in helping people with psychosis.
- ACT for psychosis is *not* about a whole new therapeutic approach to psychosis.
- ACT is fairly consistent with the CBTp approach that has been developed in the UK... which is the context in which we work.



Nothing fixes a thing so intensely in the memory  
as the wish to forget it – Michel de Montaigne



For a long time it seemed to me that life was about to begin -- real life.

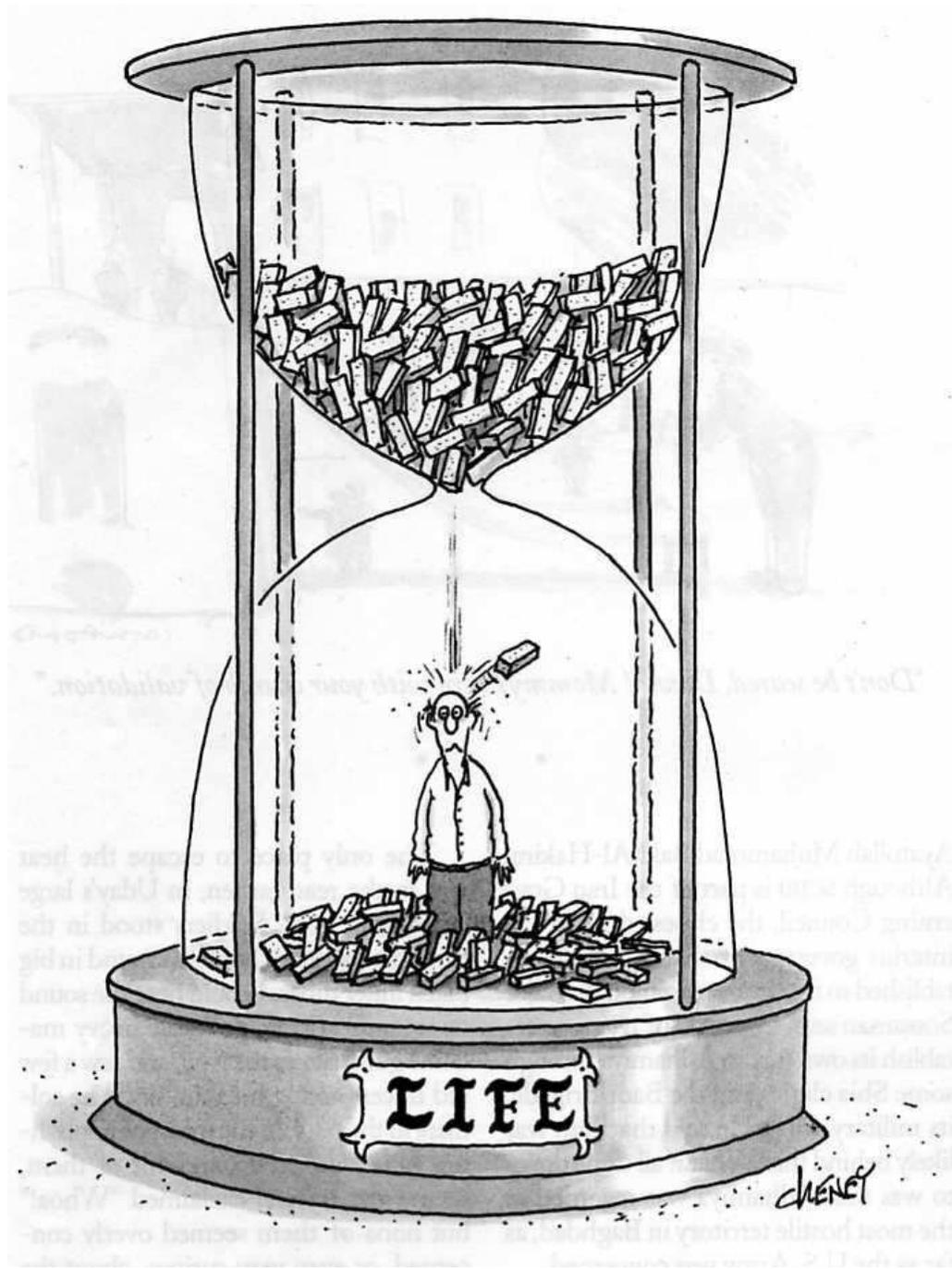
But there was always some obstacle in the way, something to be got through first, some unfinished business, time still to be served, a debt to be paid. Then life would begin.

At last it dawned on me that these obstacles were my life - Alfred D'Souza

# The relentless pursuit of happiness



*"Of course you feel great. These things are loaded with antidepressants."*



LIFE

CHENET

# Aims of ACT

- Acceptance and Commitment Therapy (ACT; Hayes et al, 1999) proposes that two core psychological processes (***cognitive fusion*** and ***experiential avoidance***) contribute to human suffering.
- ACT aims to increase psychological flexibility by helping people:
  - Develop a sense of *mindfulness*. Mindfulness allows you to be fully aware of your here-and-now experience, with an attitude of openness and curiosity. It is hoped that this will help reduce the impact of painful thoughts and feelings.
  - Take effective action that is conscious and deliberate, rather than impulsive. It is hoped that this will allow people to be motivated, guided, and inspired by the things that they value in life.

# ACT Processes

- Acceptance
- Defusion
- Contacting the present moment
- Self as context
- Values
- Committed Action

# The ACT Model

The Present Moment:  
*'Be Here Now'*

Acceptance:  
*'Open Up'*

Values: *'Clarify What Matters'*

Psychological  
Flexibility

Defusion:  
*'Watch Your Thinking'*

Committed Action:  
*'Do What Works'*

Self as context:  
*'Know Yourself'*



# Acceptance

- Solving problems is an important aspect of everyday life. However, using problem-solving strategies to deal with private events (thoughts, emotions, memories) can paradoxically increase the frequency/intensity of these events.
- *Acceptance* is an alternative to the on-going struggle to avoid difficult thoughts and emotions. It involves a willingness to have experiences and to live one's life around these experiences  
**N.B.** Acceptance is not the same as 'giving in'.
- ACT advocates acceptance under two circumstances:
  - When control of thoughts and feelings is limited or impossible.
  - When control of thoughts and feelings *is* possible, but the methods used reduce quality of life.

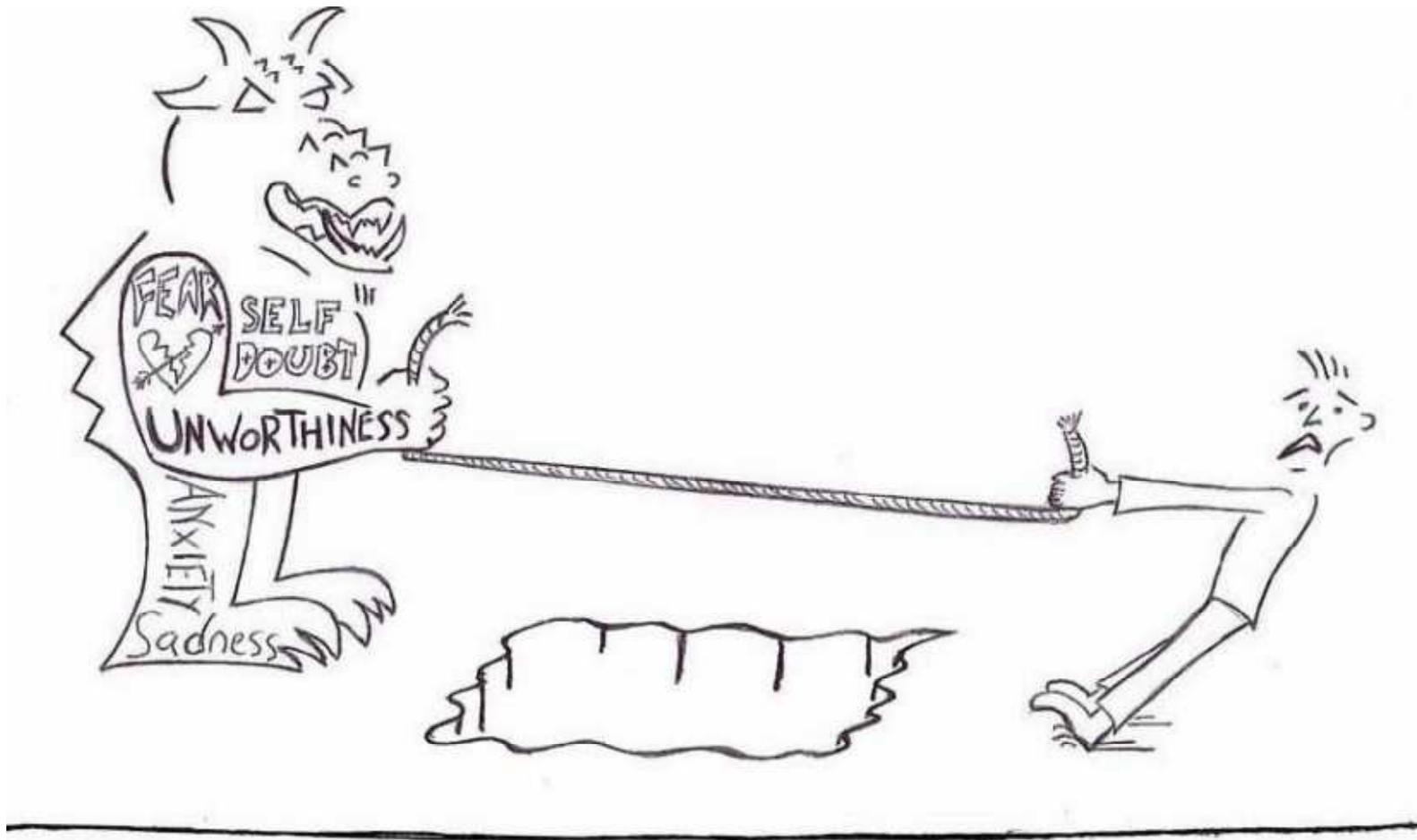
**(Exercise)**

# Acceptance

bear escapes quicksand

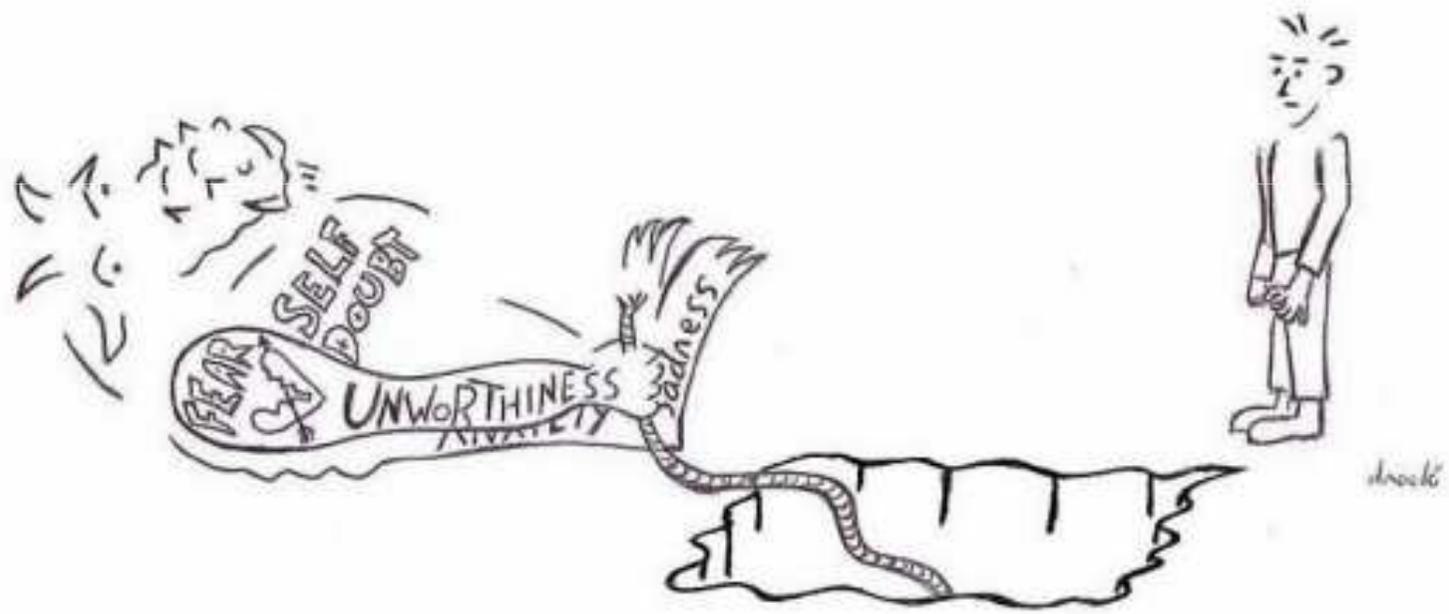


# Acceptance



Sometimes struggling gets us nowhere

# Acceptance



Drop the rope

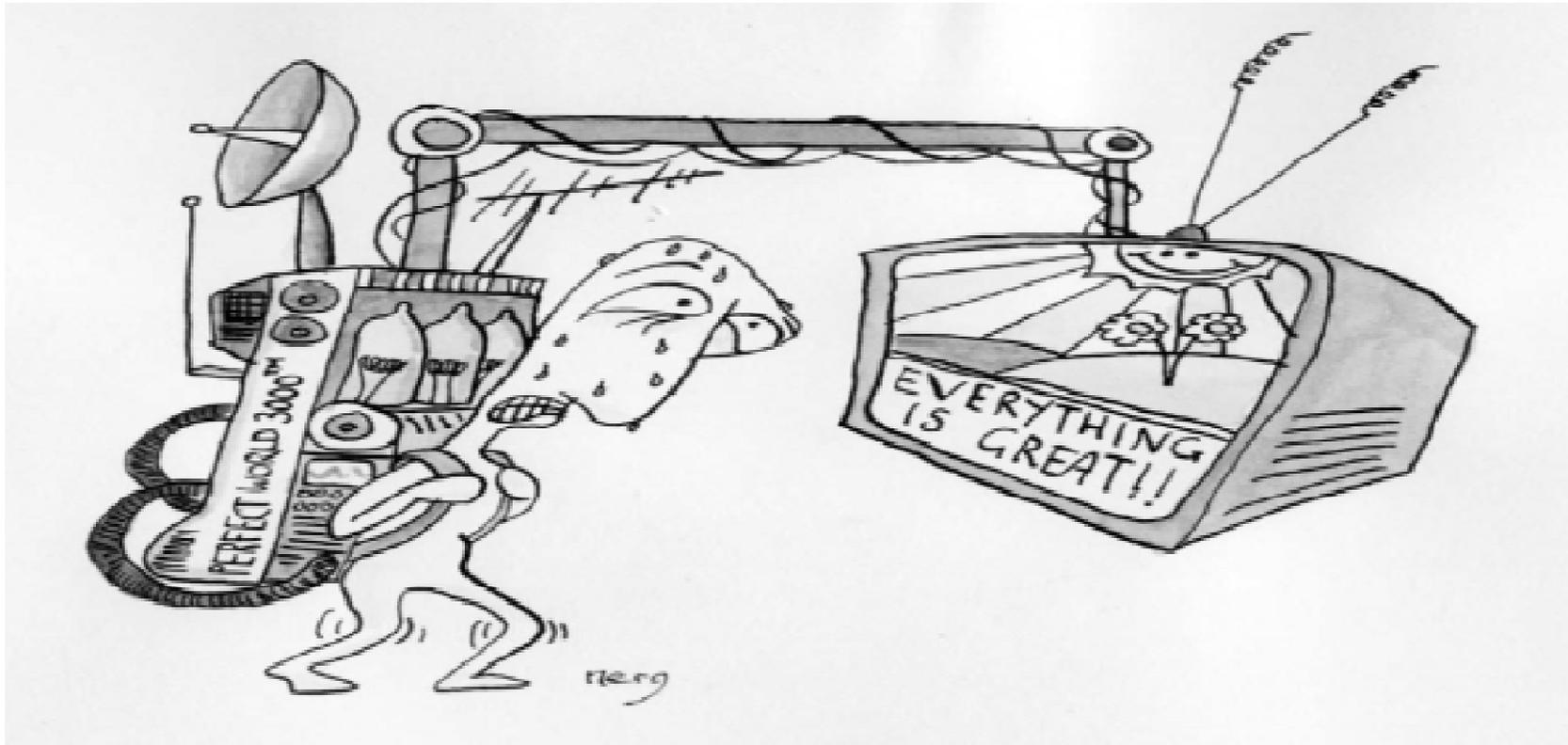
Letting go of the struggle might help

# Contacting the Present Moment

- *Contacting the present moment* means consciously connecting with and engaging in whatever is happening in this moment.
- Staying present can be difficult. We can get caught up in our thoughts and lose touch with the world around us.
- Mindfulness exercises are used to increase present moment awareness. These techniques help us become attuned to what is happening with our body, our thinking and our emotions.
- The non-judgemental aspect of this awareness is important. We are aiming to observe rather than judge.

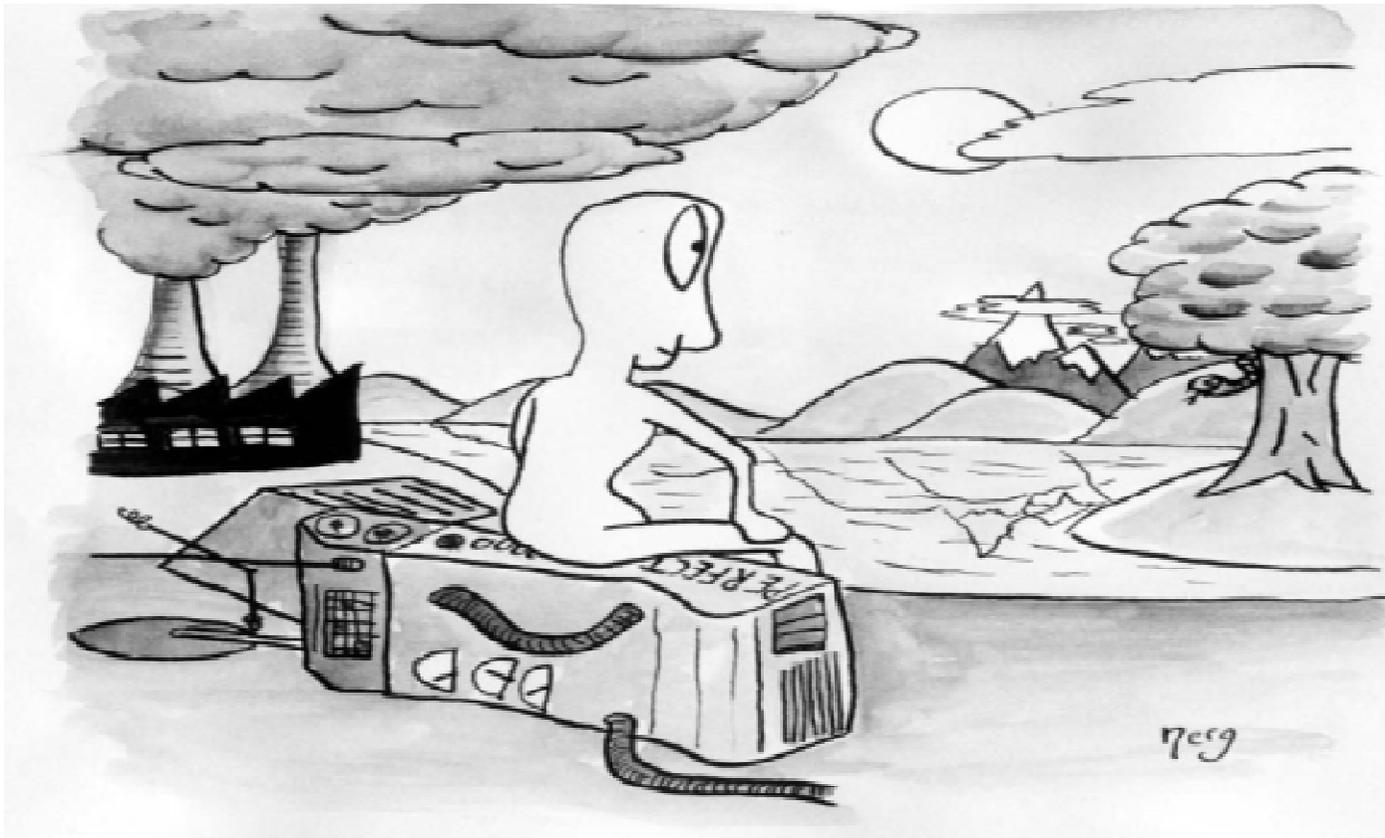
**(Exercise)**

# Contacting the Present Moment



We can work really hard to be happier

# Contacting the Present Moment



But maybe it is about taking the time to notice what is happening now

# Contacting the Present Moment

- Encourage the person to ‘show up’ to difficult thoughts and emotions
- Where are you feeling that in your body?
- How familiar is that feeling?
- How long has it been there?
- Help the person to sit with the difficult thoughts and emotions.

# Defusion

- Problems can emerge when thoughts are regarded as absolute truths; commands that have to be obeyed or as threats that need to be got rid of as soon as possible. This can lead to *cognitive fusion*.
- De-fusion techniques aim to help a person relate less to the literal content of their mental experiences, getting distance between them and their thoughts. Thoughts are bits of language passing through our heads, they may not be true, they are not orders that need to be obeyed.
- The aim is to distinguish the person from their internal mental experiences. 'Just notice what your mind is telling you right now.'

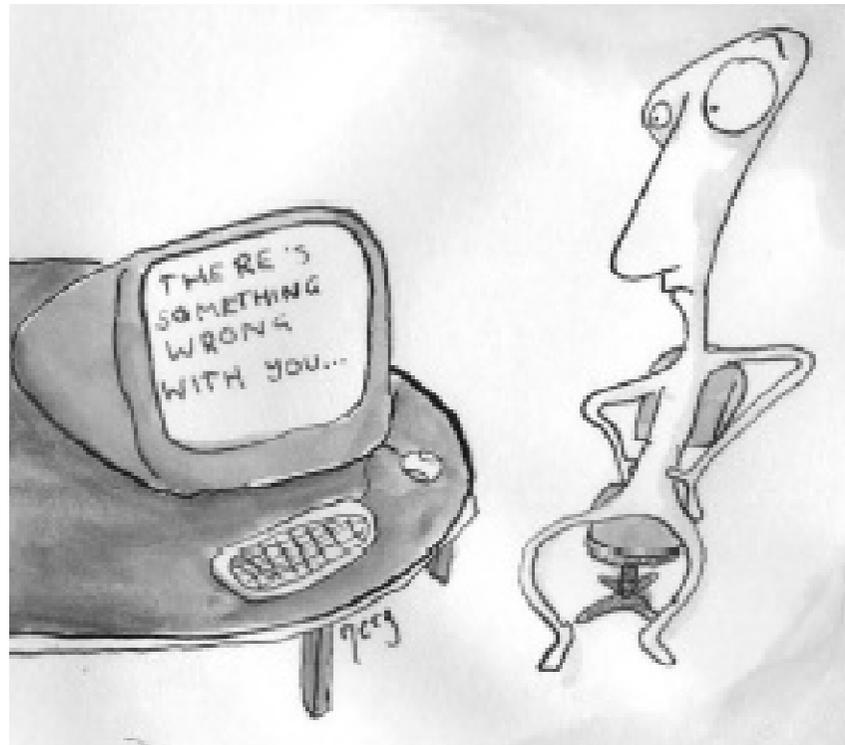
**(Exercise)**

# Defusion



Thoughts and emotions that we experience might be very upsetting

# Defusion



But noticing that these are experiences and not facts can help

# Defusion

In a state of defusion, we can see our thoughts for what they actually are:

- Thoughts are merely sounds, words, stories, bits of language, passing through our heads.
- Thoughts may or may not be true. We do not automatically believe them.
- Thoughts may or may not be important. We pay attention only if they are helpful.
- Thoughts are not orders. We do not have to obey them
- No thought, no matter how unpleasant, is a threat to us
- Thoughts may or may not be wise. We do not automatically follow their advice.

## Defusion

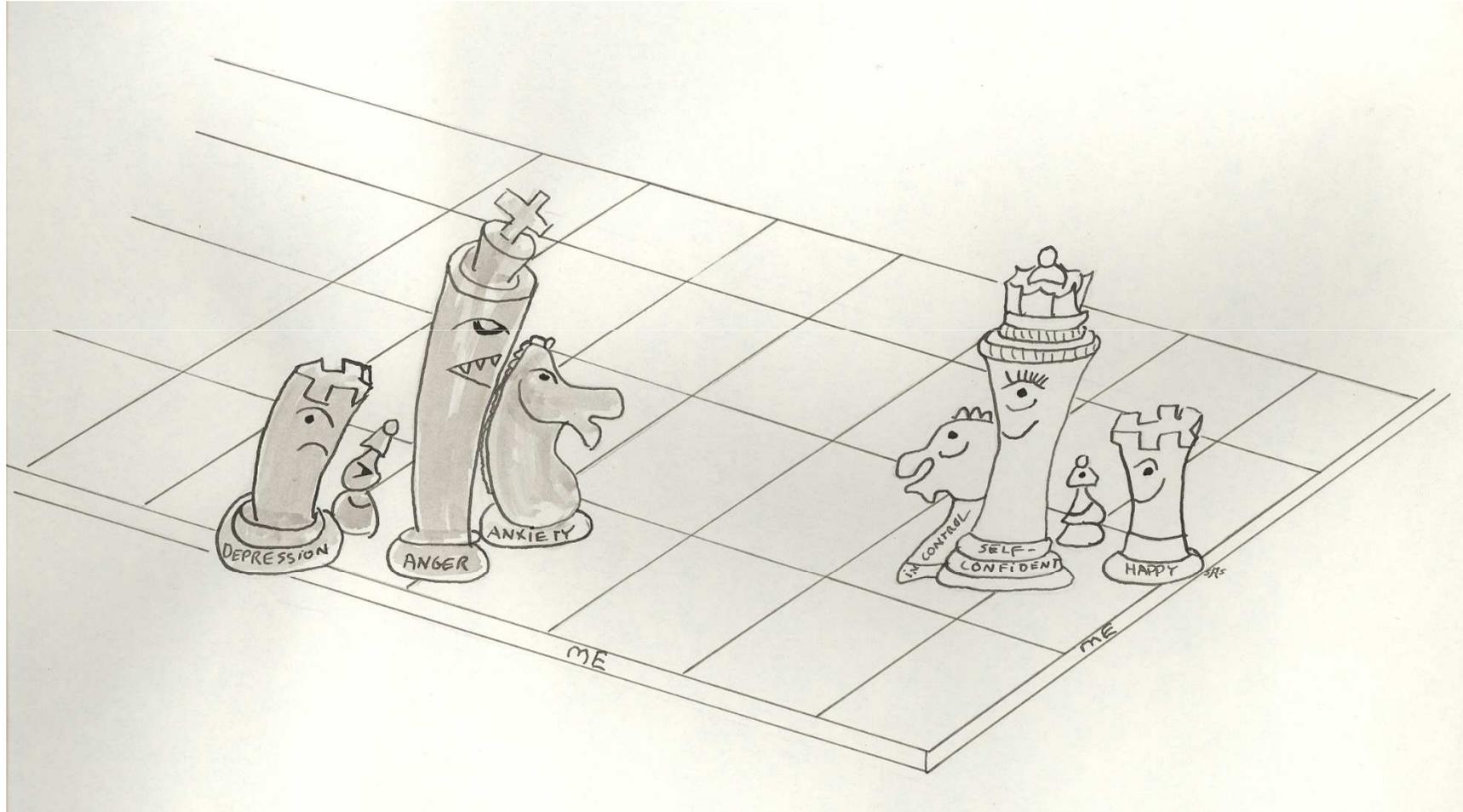
‘Computer screen’ exercise: Think of a painful thought, and buy into it for a few seconds. Imagine you can see it on a computer screen. Change the font and colour of the words on the screen. Change the formatting of the words, space the words out, bunch them together, etc. Animate the words, like on Sesame Street. Finally imagine a ‘bouncing ball’ jumping from word to word, as in a karaoke ‘sing-along’.

# Self as context

- The **thinking self**: that part of us which is generating thoughts, beliefs, memories, judgments, fantasies, plans, and so on.
- But most people are unfamiliar with the **observing self**: the aspect of us that is aware of whatever we are thinking, feeling, sensing, or doing in any moment.
- This is similar to the concept of meta-cognition – the ability to reflect on the thoughts and emotions that we experience. **The House Analogy.**

(Exercise)

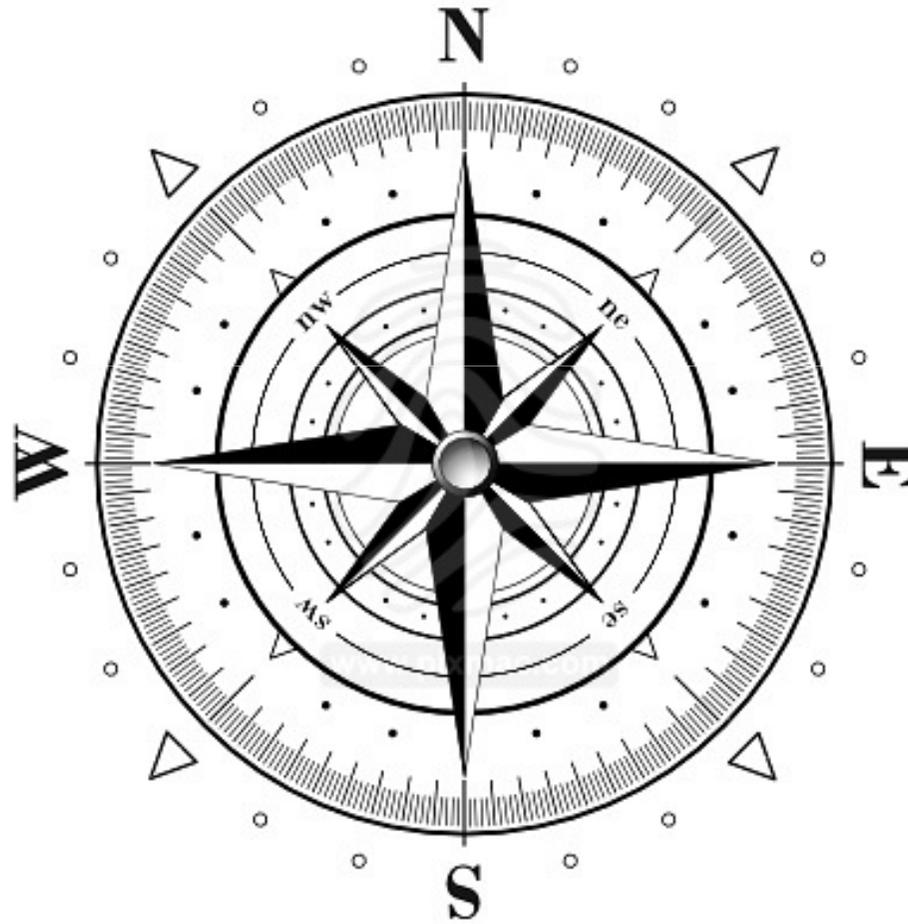
# Self as context



# Values

- Values are an orientation that we adopt in living our lives. Unlike goals they are not something that we succeed or fail at – values guide us through life in an on-going way.
- Values are the lynch-pin of ACT; empowering us all to live meaningful lives and helping to dignify painful experiences.
- The process of value clarification may involve people distinguishing between what they personally value from what they feel they should value to please other people.

# Values



Values are like a life compass



# Values

CBT Practitioner's Guide to ACT (Ciarrochi & Bailey, 2008):

- Connecting with nature
- Creating beauty (in any domain, including arts, dancing, gardening)
- Being loyal to friends, family and/or my group
- Helping others
- Gaining wisdom and a mature understanding of life
- Promoting justice and caring for the weak
- Being honest
- Being sexually desirable
- Having genuine and close friends
- Having a sense of accomplishment and making a lasting contribution
- Having a life filled with adventure
- Having relationships involving love and affection

# Committed Action

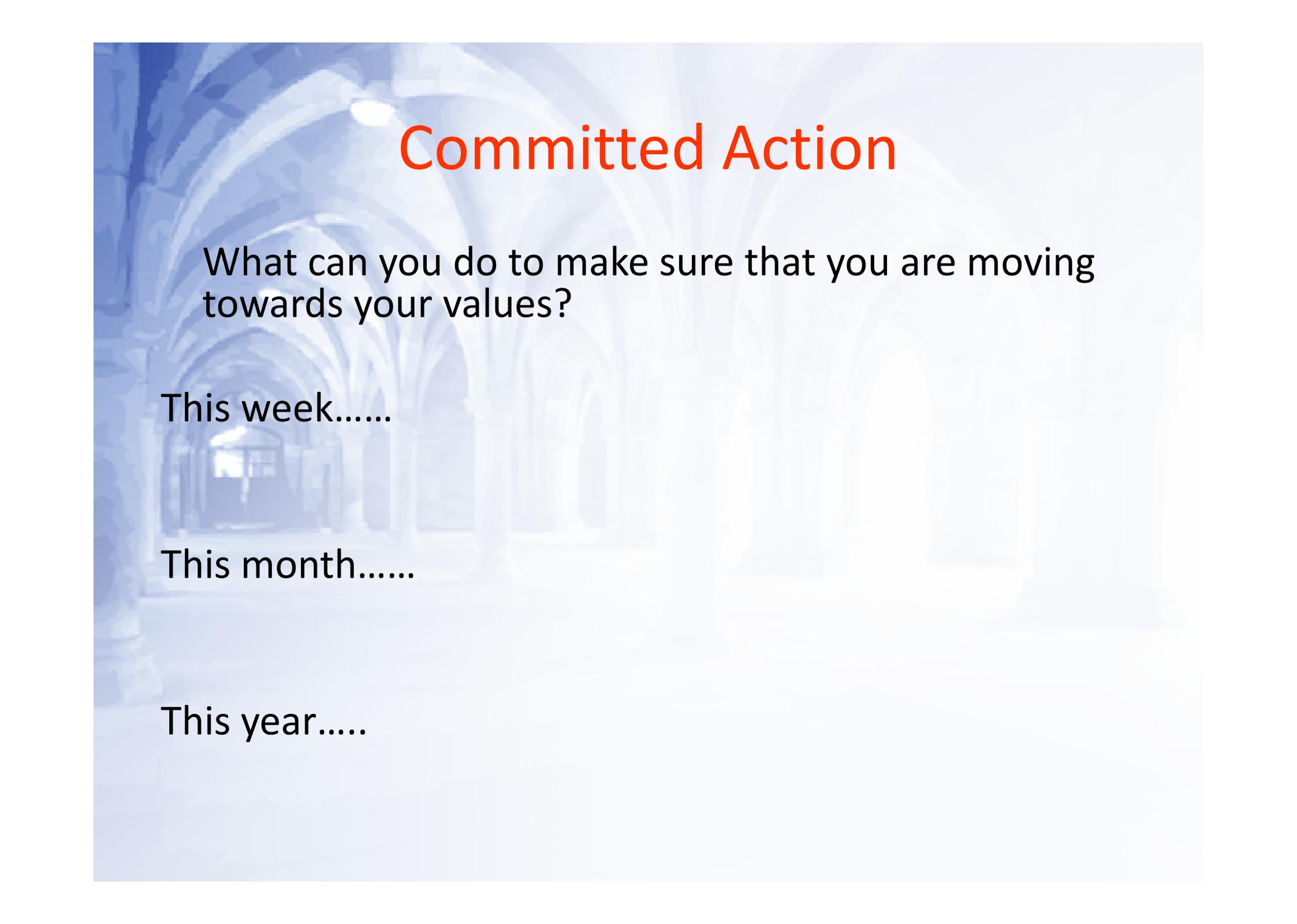
- *Committed action* means taking effective action, guided by our values.
- We will not have much of a journey if we simply stare at the compass.
- Values-guided action gives rise to a wide range of thoughts and feelings, both pleasant and unpleasant, both pleasurable and painful. It's about "doing what it takes" to live by our values - even if that brings up pain and discomfort.
- Skill training (such in time management, self-soothing and crisis coping) may be appropriate for helping individuals to commit to acting in pursuit of their values.



## Committed Action

‘If you only do what you’ ve always done,  
you’ ll only get what you’ ve always gotten.’

Eleanor Roosevelt



# Committed Action

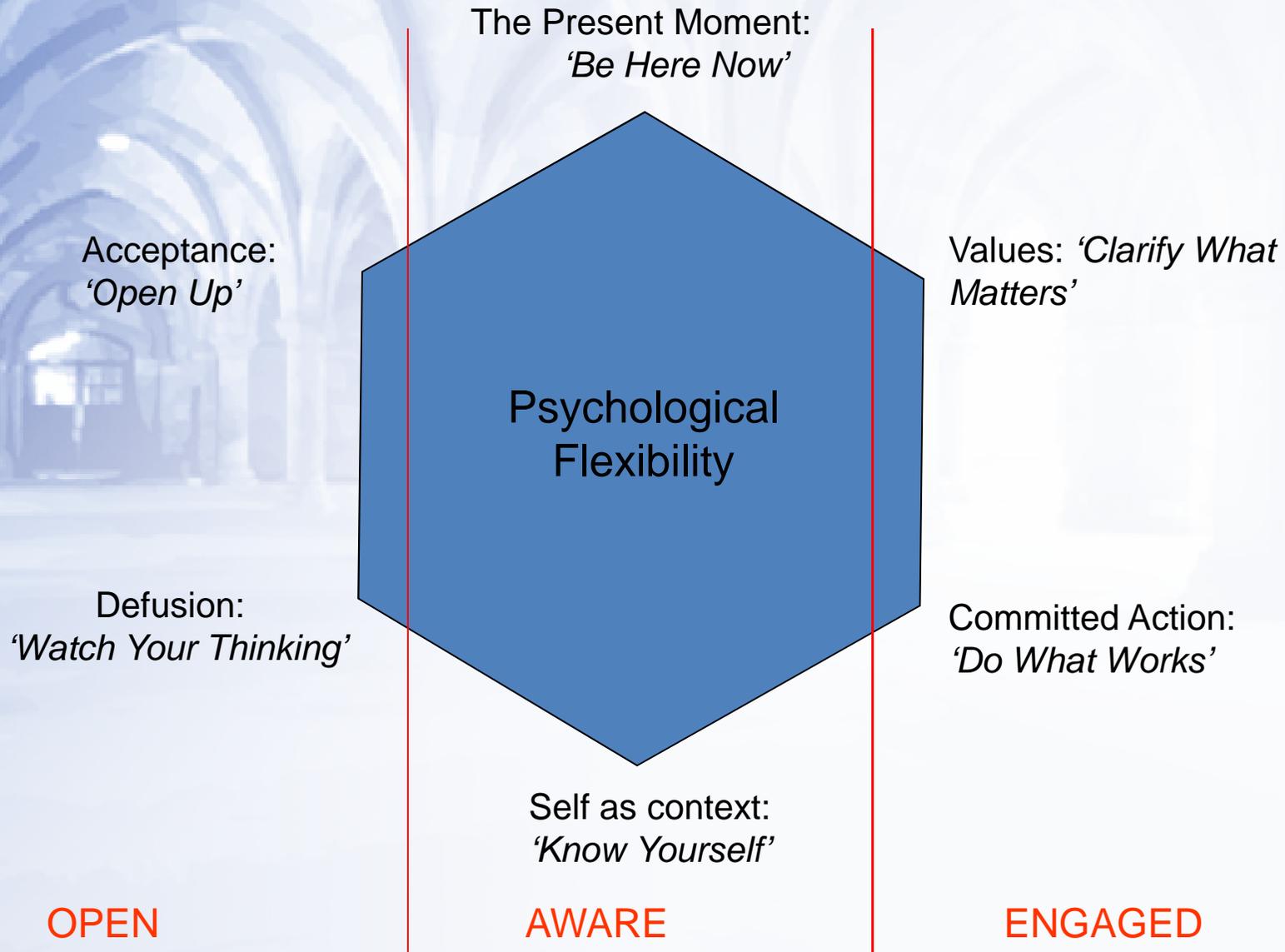
What can you do to make sure that you are moving towards your values?

This week.....

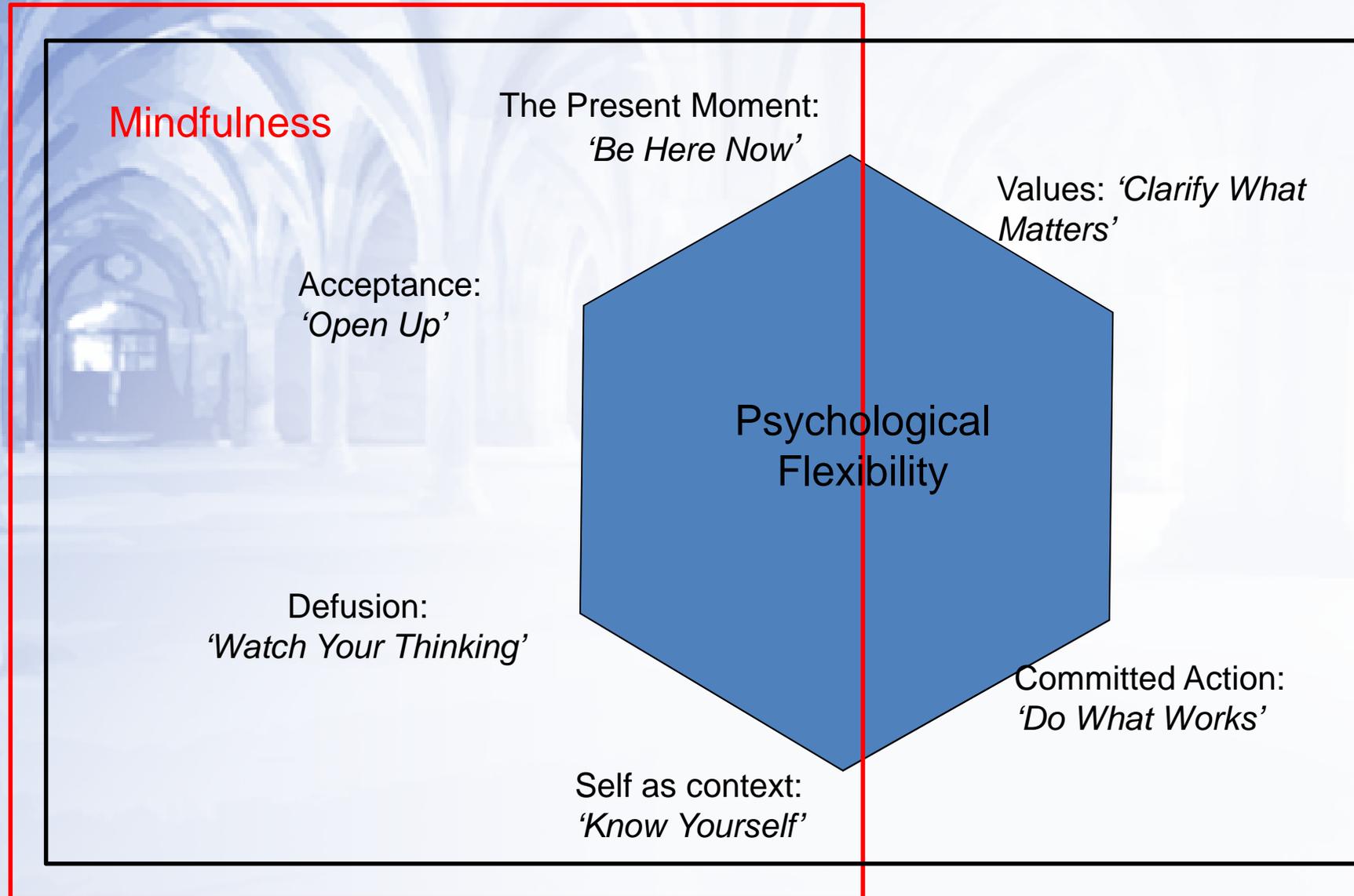
This month.....

This year.....

# The ACT Model



# The ACT Model

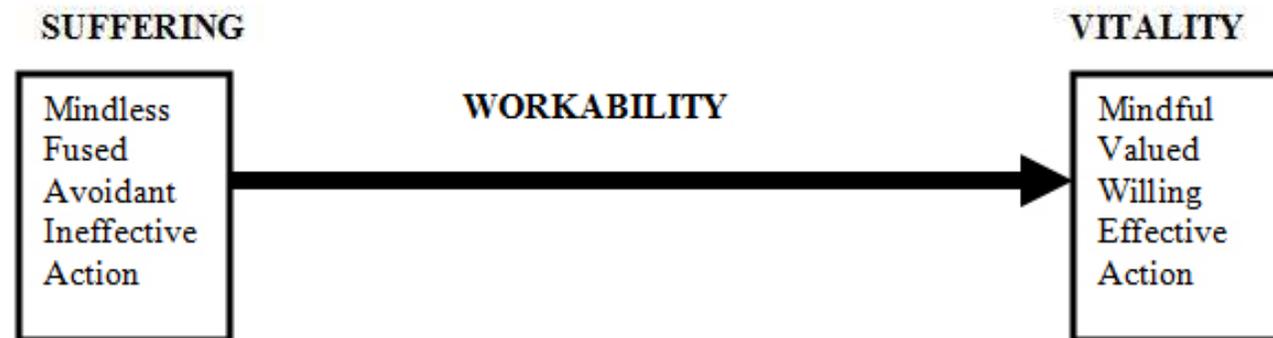


# Summary

- ACT is a pragmatic approach – it helps the person think about what is workable for them.
- The emphasis on values is empowering for the person.
- Analogies and metaphors can be very useful.
- If the person is busy struggling to get away from suffering they do not get a chance to move towards what they value.
- Defusion and mindfulness are effective tools.

# ACT Therapy

- Essentially the process of therapy involves helping the individual to shift from a life dictated by attempts to avoid suffering, to a life pursuing the things that they value.



# Therapeutic Stance

- It is important to hold ACT 'processes' lightly as a therapist.
- Be guided by the individual about which processes to address when.
- Refer back to the formulation at regular points during the intervention.
- Use experiential exercises and practices to bring the therapy alive.

# Therapeutic Stance

- Modes of mind during therapy  
(Kelly Wilson):
  - As therapists do we see patients as an arithmetic problem or beautiful sunsets?
  - Does the person regard themselves as an arithmetic problem or beautiful sunset?

# Therapeutic Stance

- Recovery focus rather than symptom elimination.
- Central aim to address **functioning & quality of life** rather than assume that psychosis/emotions are the problem.
- Sessions often aim to hit multiple points on model.

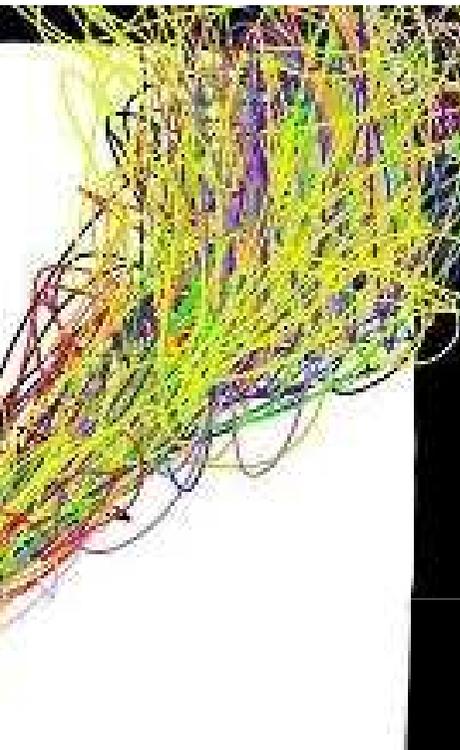
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WHAT IS THAT?



OH,  
JUST MY MIND





# Questions



# Engagement, Assessment, Formulation

# Assessment/Formulation

- Kevin Polk and colleagues have done much to try and simply ACT and take away some of the jargon.

The Matrix



# The Matrix

Divided into four quadrants that can be used as points of focus during the assessment process:

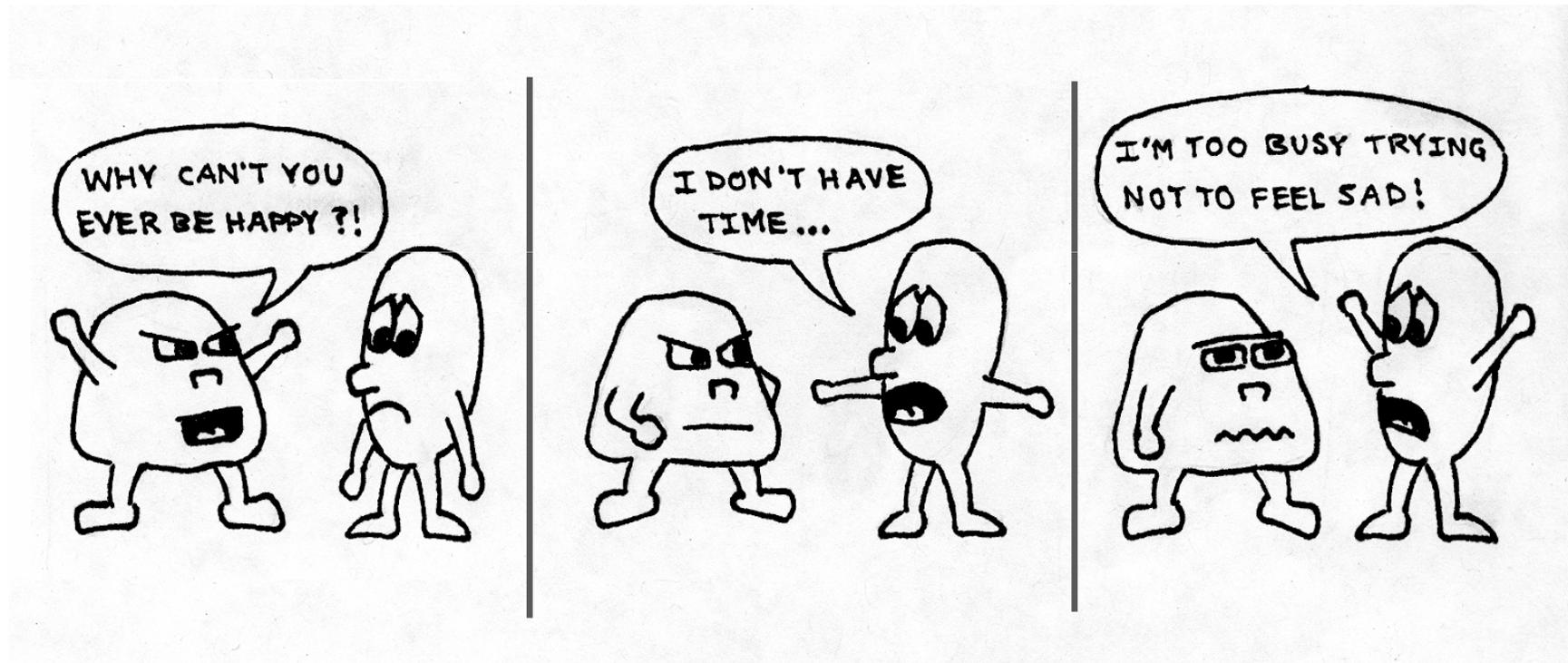
- Areas of difficulty experienced by the patient (Unwanted Mental Experiences)
- Strategies that the individual has employed to combat these difficulties (Solutions List)
- Themes and principles that guide the individuals behaviour (Values)
- Goals that the person can work towards that are consistent with these values (Valued Action).

# Suffering vs. Values

‘If you were not busy trying not to be in a particular place where would you actually be?’ (Steve Hayes)

Maybe our struggles are telling us something important

# Suffering vs. Values



# Two sides of the one coin

## Suffering & Values



If we did not value something we would not worry about it.

What values sit beneath our worries?

# Suffering vs. Struggles



Wrestling with traffic lights

## Exercise

- Take a small piece of paper. Write on one side something that has been troubling or stressing you.
- Take a moment to reflect on why this is troubling you. What is it that is important to you that is being jeopardised?
- Write this 'value' on the other side of the card.

# Advantages of a values focus

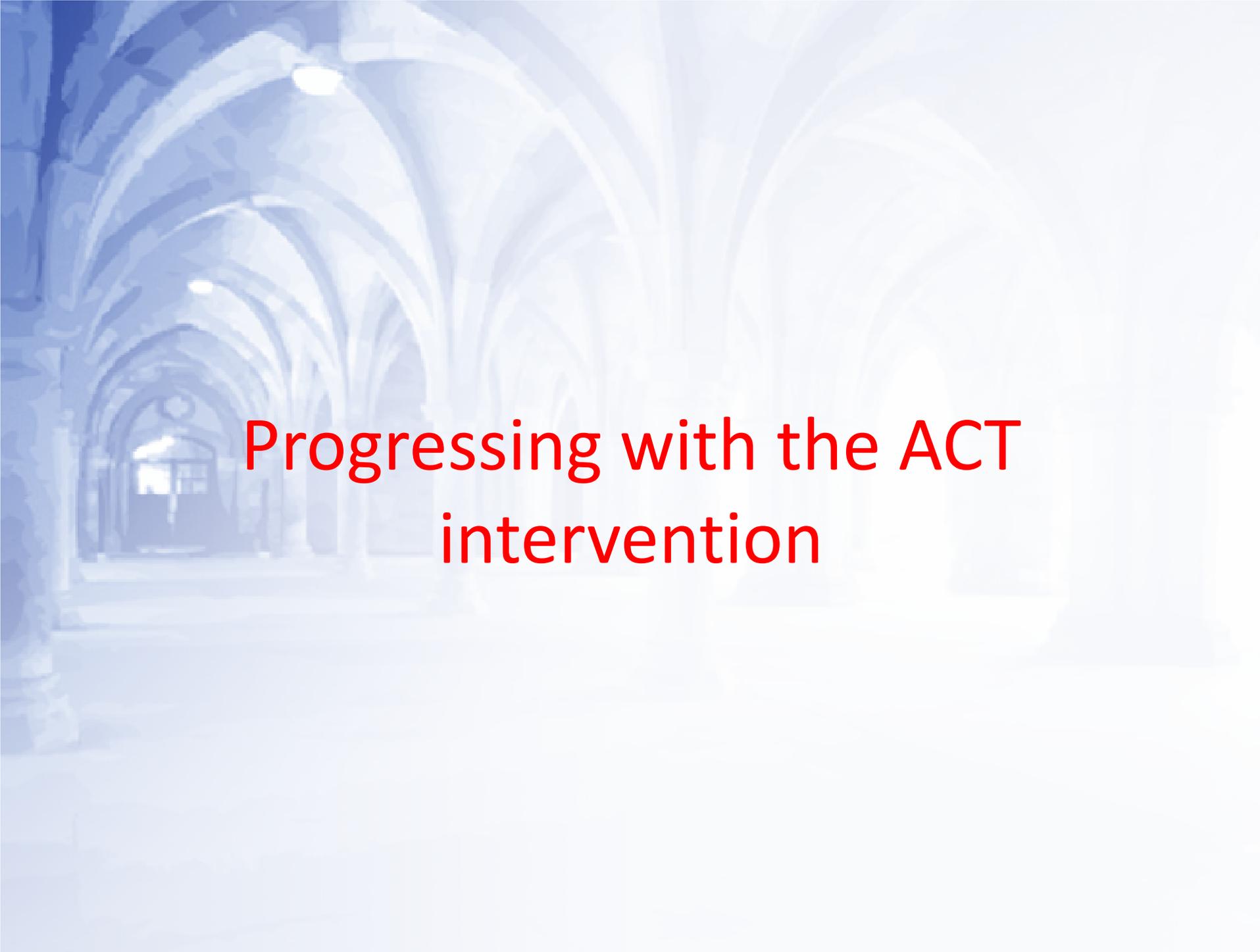
- Gets to the origins of the suffering.
- Enhances response flexibility and motivation.
- Encourages persistence in the face of unwanted private experiences (especially in values-related situations that involve intimacy, vulnerability, or ambiguity).

# Advantages of a values focus

- Provides constructive and consistent direction.
- Many questions asked by mental health professionals are characterised by responses that begin with 'I' and end in distress.
- Instead values-orientated work empowers the individual to respond differently.

# Engagement & Assessment

- Naming the approach and outlining rationale – eg use of metaphor (Chinese finger cuffs)
- Beginning assessment process
  - Beginning to explore what is avoided and associated costs – start of discussion of workability and values
- Measures – considering which to use & function
  - Acceptance and Action Questionnaire
  - Valuing Questionnaire
  - Cognitive Fusion Questionnaire
  - Voices Acceptance and Action Questionnaire
  - Idiopathic measures of symptom distress and believability



# Progressing with the ACT intervention

# See The Wood for the Trees (and other helpful advice for living life)

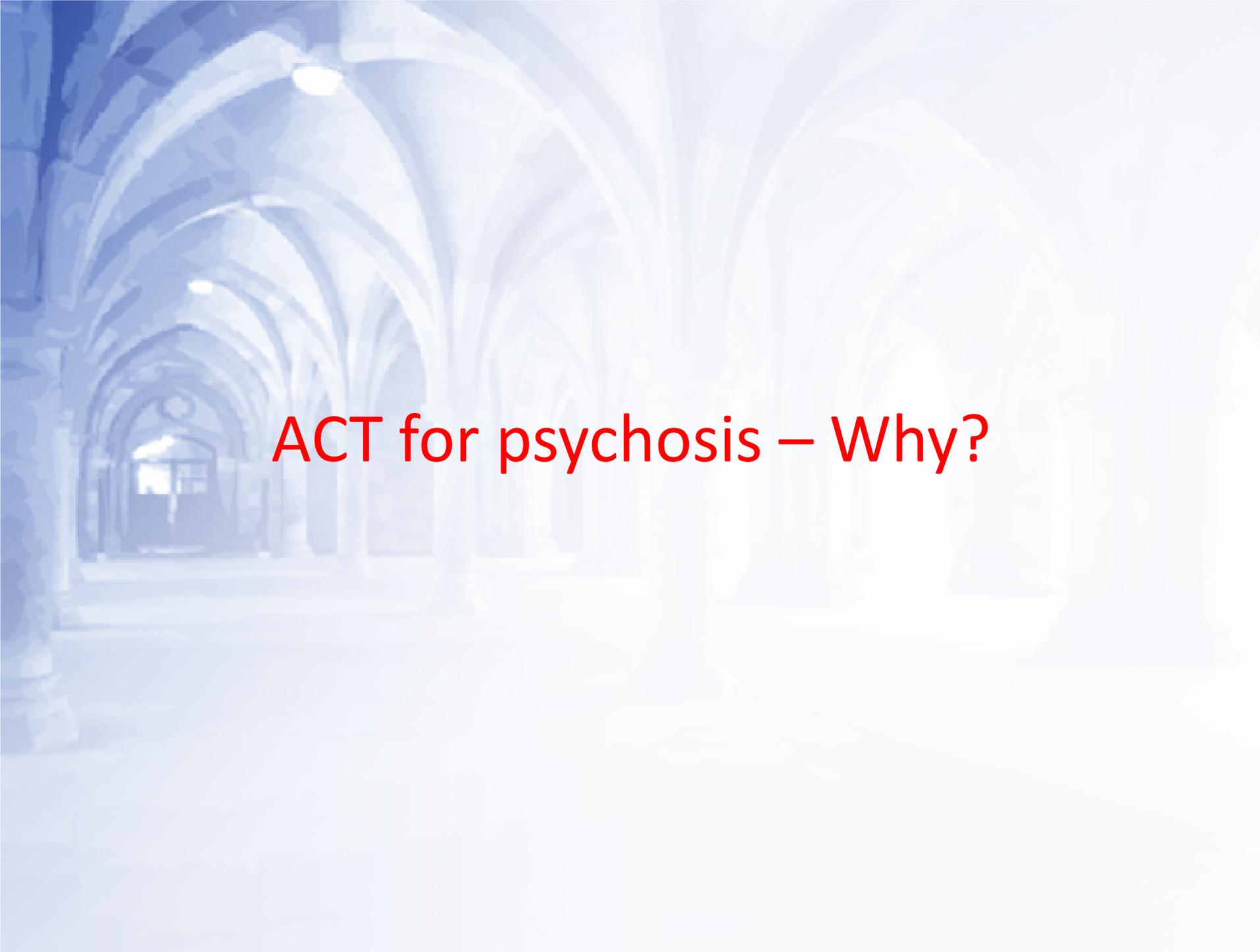


# Consolidating Work

- We have found that liaising particularly closely with key working Community Psychiatry Nurses or Occupational Therapists involved in the individual's care in the closing phases of the therapy to be important. We suggest that therapists explore the possibility of seeking consent from the individual receiving treatment to arrange these appointments jointly with the key-worker.

# A Letter to Yourself

- What does the experience of being an observer tell you about your thoughts and feelings?
- What metaphor for acceptance is most meaningful to you (e.g., "holding lightly," "dropping the rope")
- What role can acceptance play in your life?
- What values do you want to pursue?
- What does a vital and meaningful life look like for you?
- What actions can you take throughout your life to move in a direction of vitality?
- What internal experiences and actions might get in your way?
- What stories might you hold too tightly?
- What regular practices (mindfulness, for example) might be helpful?



# ACT for psychosis – Why?

# Why ACT for psychosis?

- Preliminary investigations of ACT for psychosis have suggested that the intervention reduces rehospitalisation rates and the distress associated with symptoms (Bach & Hayes, 2002; Gaudiano & Herbert, 2006).
- The experience of psychosis can be associated with appraisals of loss, entrapment and humiliation (Birchwood et al., 2000) and feelings of fear (Shaw et al., 1997; 2002).
- Need to develop psychological therapies aimed specifically at helping people to adjust emotionally following the experience of psychosis? (Wykes et al., 2008).



Contents lists available at SciVerse ScienceDirect

## Behaviour Research and Therapy

journal homepage: [www.elsevier.com/locate/brat](http://www.elsevier.com/locate/brat)

Shorter communication

## A feasibility study of Acceptance and Commitment Therapy for emotional dysfunction following psychosis

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## ABSTRACT

The experience of psychosis can lead to depression, anxiety and fear. Acceptance and Commitment Therapy (ACT) facilitates individuals to accept difficult mental experiences and behave in ways that are consistent with personally held values. This study was a single (rater) blind pilot randomised controlled trial of ACT for emotional dysfunction following psychosis. Twenty-seven participants with psychosis were randomised to either: ten sessions of ACT plus treatment as usual (TAU) or TAU alone. The Hospital Anxiety and Depression Scale, Positive and Negative Syndrome Scale, Acceptance and Action Questionnaire, Kentucky Inventory of Mindfulness Skills and Working Alliance Inventory were used. Individuals were assessed at baseline and 3 months post-baseline. The individuals randomised to receive ACT found the intervention acceptable. A significantly greater proportion of the ACT group changed from being depressed at time of entry into the study to not being depressed at follow-up. The ACT group showed a significantly greater increase in mindfulness skills and reduction in negative symptoms. Results indicated that individuals randomised to ACT had significantly fewer crisis contacts over the study. Changes in mindfulness skills correlated positively with changes in depression. ACT appears to offer promise in reducing negative symptoms, depression and crisis contacts in psychosis.

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# Findings

- A significantly greater proportion of the ACT group changed from being depressed at time of entry into the study to follow-up.
- The ACT group showed a significantly greater increase in mindfulness skills.
- The ACT group showed a significantly greater reduction in negative symptoms.
- Changes in mindfulness skills correlated positively with changes in depression.

## Depression and Anxiety Following Psychosis: Associations with Mindfulness and Psychological Flexibility

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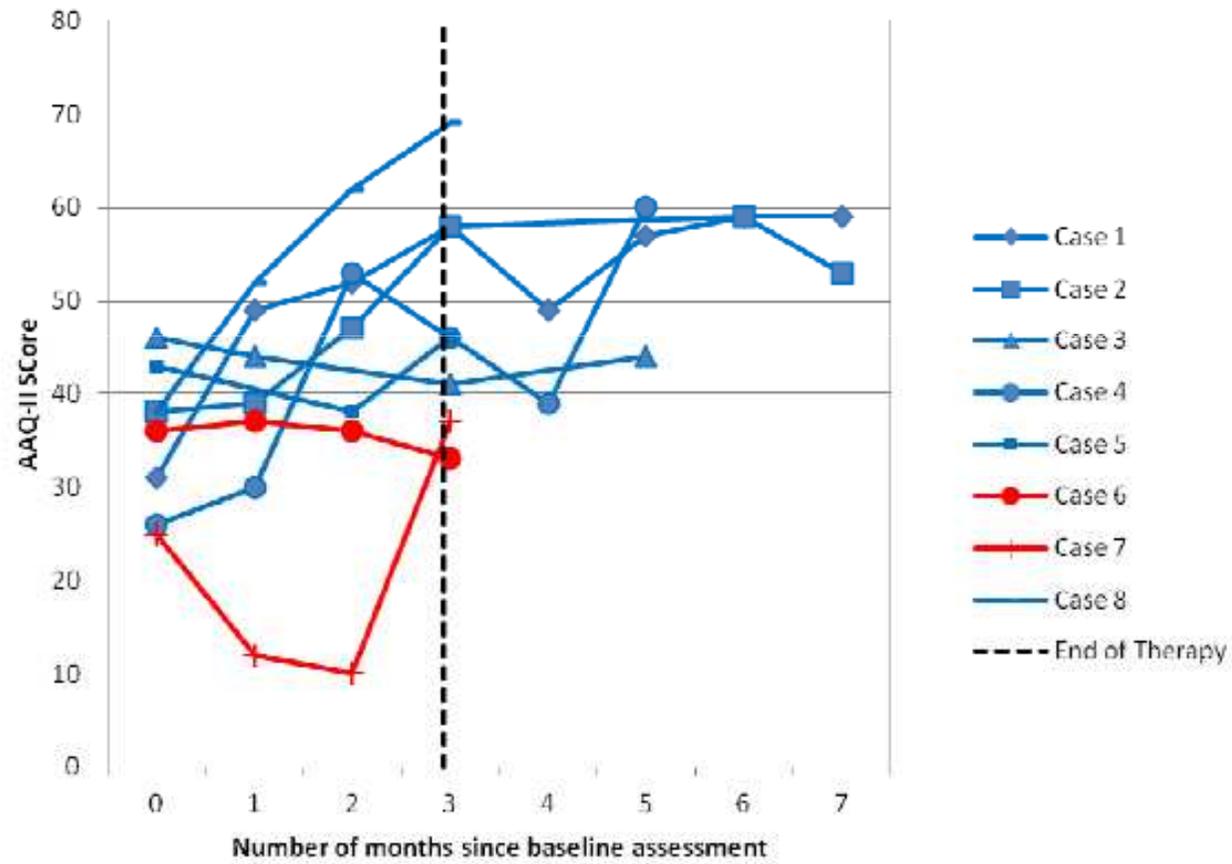
**Background:** Individuals experiencing psychosis can present with elevated levels of depression and anxiety. Research suggests that aspects of depression and anxiety may serve an avoidant function by limiting the processing of more distressing material. Acceptance and Commitment Therapy suggests that avoidance of aversive mental experiences contributes to psychological inflexibility. Depression and anxiety occurring in the context of psychosis have a limiting effect on quality of life. No research to date has investigated how levels of psychological flexibility and mindfulness are associated with depression and anxiety occurring following psychosis. **Aims:** This study investigated associations psychological flexibility and mindfulness had with depression and anxiety following psychosis. **Method:** Thirty participants with psychosis were recruited by consecutive referral on the basis that they were experiencing emotional dysfunction following psychosis. The Hospital Anxiety and Depression Scale (HADS), Positive and Negative Syndrome Scale (PANSS), Acceptance and Action Questionnaire (AAQ-II) and the Kentucky Inventory of Mindfulness Skills (KIMS) were used. A cross-sectional correlational design was used. **Results:** The depression and anxiety subscales of the HADS both had significant correlations with psychological flexibility (as assessed by the AAQ-II) and aspects of mindfulness (as assessed by the KIMS). Hierarchical regression analyses indicated that psychological flexibility, but not mindfulness, contributed significantly to models predicting 46% of variance in both depression and anxiety scores. **Conclusions:** Although aspects of mindfulness are associated with depression and anxiety following an episode of psychosis, psychological flexibility appears to account for a larger proportion of variance in depression and anxiety scores in this population.

*Keywords:* ACT, psychosis, mindfulness.

# Findings

- The depression and anxiety subscales of the HADS both had significant correlations with psychological flexibility (as assessed by the AAQ-II) and aspects of mindfulness (as assessed by the KIMS).
- Hierarchical regression analyses indicated that psychological flexibility contributed significantly to models predicting 46% of variance in both depression and anxiety scores.

### Changes in AAQ-II



# Perspective on Psychosis

- Dimensional rather than categorical: normalising.
- Work with symptoms rather than diagnoses.
- Biological vulnerabilities contribute, however symptoms/behaviour are heavily influenced by the environment.
- Diagnoses lack scientific validity. “Schizophrenia” is less useful than understanding behaviour within its context.

## *Impact* rather than presence

The unusual/intrusive experience, or the feared outcomes of it, can lead to avoidance behaviour = increased impact of the symptoms.

Fusion with the content of experiences, guiding choice and action = increased impact of the symptoms.

Negative symptoms – a possible outcome of chronic avoidance (limited social reinforcement).

# Experiential avoidance and delusions

- “Delusions can be viewed as a means of avoidance rather than an object of avoidance.” i.e. an attributional style that serves to protect self-esteem (Bach, 2005).
- However this 'solution' becomes part of the problem.

## Thought Suppression – Don't Even Think About It!

- Thought suppression tends to be applied to thoughts that have **high social disapproval**, or to **content that relates to harming self or others** (Freeston & Ladouceur, 1993; Purdon & Clark, 1994).
- The content of most psychotic symptoms is usually personally salient (Haddock, Bentall & Slade, 1993) - a **prime target for suppression** if the content is considered harmful or socially inappropriate.

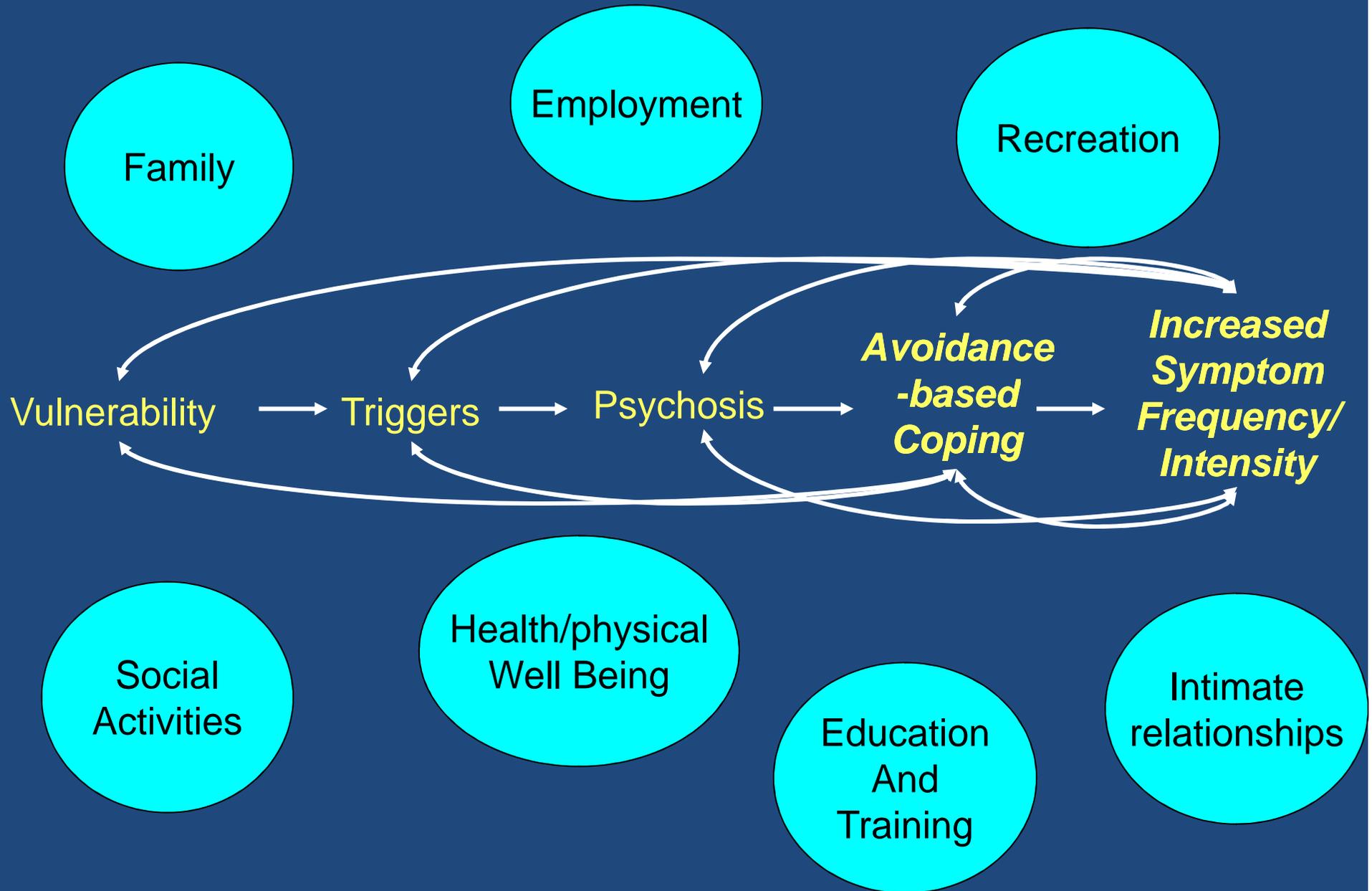
# Experiential avoidance and voices

- **People who cope poorly with voices** use more distraction and thought-suppression strategies (Romme and Escher, 1993).
- Acceptance & mindfulness in voice hearers associated with less distress, voices appraised as less powerful (Chdwick et al., 2005; Morris et al., submitted).
- Acceptance related to better psychosocial outcomes (Perry et al., 2010).

# Experiential Avoidance

- Cognition fusion with thoughts about loss, entrapment and humiliation gives rise to restrictive and avoidant patterns of behaving.
- The maladaptive consequence of producing an asynchrony between the individuals' behaviour and their values.
- To counter this chain of events, individuals it is vitally important that individuals address this avoidance by 'showing up' and sitting with their distress and to explore difficult affect.

# Paradoxical Effects of Avoidance



# Delusions, Hallucinations and Values

- The themes that manifest in both delusions and hallucinations can also provide insights into what it is that the individual values.
- Two sides of the one coin.

## Suffering in Psychosis

- Many of the distressing aspects of psychosis (e.g. delusions, hallucinations, feelings of shame and loss) have strong interpersonal themes.
- The individuals' perceived place in the social universe will be a key value domain influencing suffering in psychosis.
- The focus should be on the workability of their existing strategies for responding to these difficulties.

## Showing up

- If avoidant strategies have been unsuccessful encourage the person to show up to their suffering.

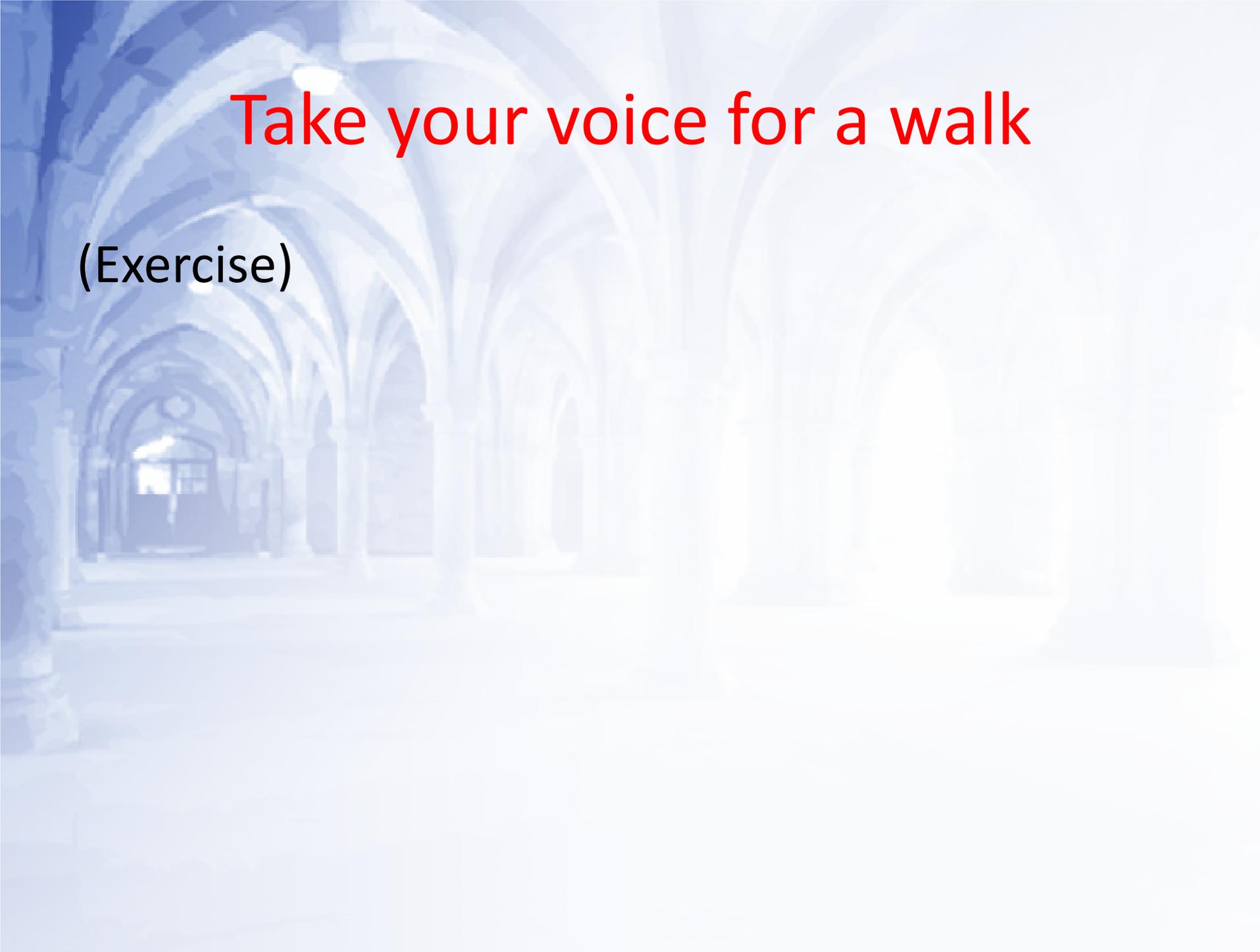
- Justification for this approach is based on the understanding that:

**“vulnerability is the price of admission to leading a vital and meaningful life”.**

- If we are to be true to what is important to us in life, we will inevitably expose ourselves to some risk.

# What might your voices say?

- As a therapist I have sat with patients and disclosed what I think my voices would say to me – *“You ginger c\*\*t...You ugly git...You baldy bastard”*.
- Thanking your voice: *“I understand that these are issues that I have worried about in the past (or perhaps) society frowns on. You are not telling me anything new. I choose not to get caught up in reacting to you”*.



# Take your voice for a walk

(Exercise)

# Functional contextual perspective

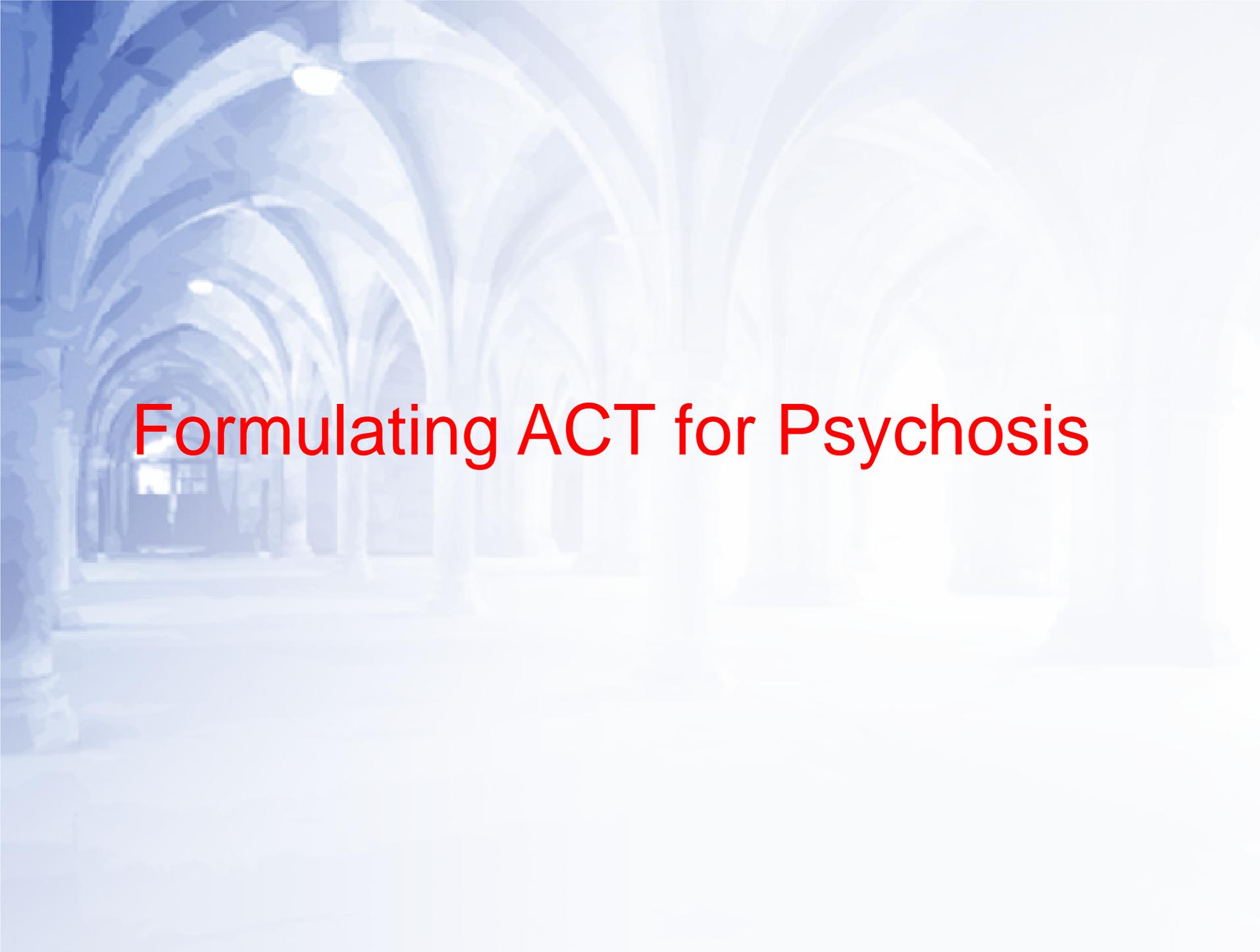
Our job is to create a context that supports:

- Acceptance rather than avoidance of psychotic symptoms.
- Defusion from the literal meaning of the symptoms.
- Engagement in values based behaviours, despite the content of the psychotic symptoms.

*Bach, 2007*

## Suffering in Psychosis

- In addition to acute sources of distress (e.g. positive symptoms) there will be more insidious sources of distress – stigma, depression, negative symptoms, fear of recurrence.
- Sources of distress that may have precipitated the emergence of the psychosis in the first place may also be a factor.



# Formulating ACT for Psychosis

The Grid

5-Senses Experiencing

Solutions List

Valued Actions

Suffering

YOU  
Mixing

Toward

Values

Unwanted Mental Experiencing

Values

Mental Experiencing

# Formulating psychosis using the Matrix

- How do issues of source monitoring impact on using ACT in psychosis and formulation ?
  - i.e. more challenging to notice D1 (with ref to positive symptoms) as may tend to experience internal as external
  - the issue of confidence in 'who' is noticing- tuning in to this.
- How would you place psychotic experiences within the Matrix?
  - As unwanted mental experiences?
  - As solutions?

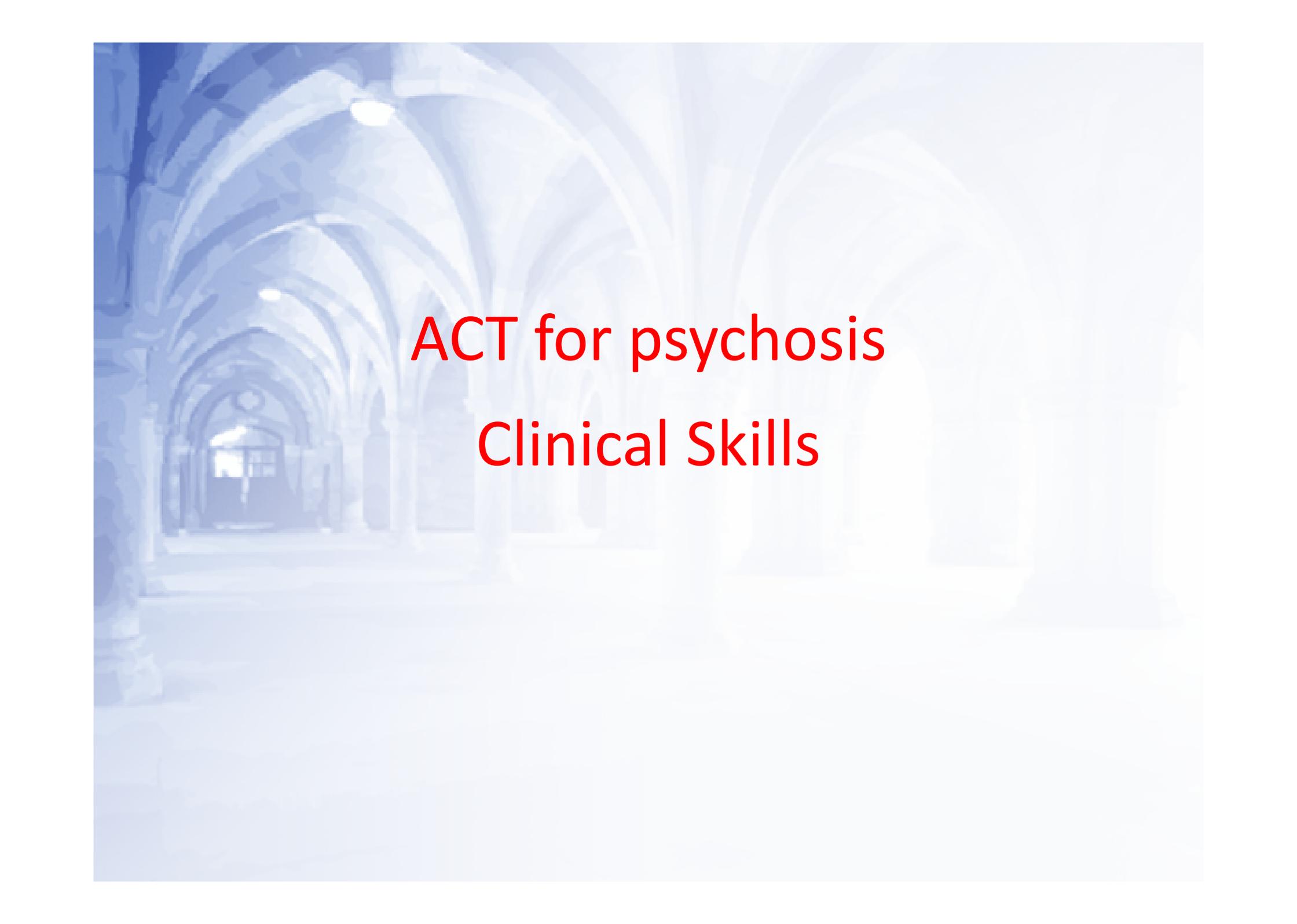
**(Exercise)**

## Considerations in using ACT for psychosis

- 'Buying' into the widely-held belief that the presence of psychotic experiences necessarily preclude aspects of valued living.
- Working within a broader service context which may support a suppressive relationship with symptoms and the above belief.
- Managing relationships with services where treatment may be/ have been involuntary.

## Considerations in using ACT for psychosis

- The co-occurrence of substance misuse – ACT provides a coherent approach here.
- The presence of cognitive deficits does not preclude use of metaphor but this requires consideration. Try to take a more concrete (e.g. use props) and personally relevant approach.



**ACT for psychosis**  
**Clinical Skills**

## Themes for discussion

- Therapeutic stance for using ACT for psychosis.
- Sources of distress in psychosis
- Exploring the acceptance vs struggle trade-off in psychosis.
- ACT strategies for psychosis.
- Look at ways of amending protocols to accommodate work in psychosis.

## Amending ACT for psychosis

- Use extended metaphors/allegories to help retain a memory for the intervention. Facilitating patients to retain a memory of concepts and strategies discussed (*See the wood for the trees*).
- Reflect on ways of influencing wider systemic issues - bringing patients together for social contact, working with key-workers, having booster sessions in group?
- Use clinical teams to support new learning.

# Defusion

- Gentle enquiry rather than challenging.
- If used too early defusion can seem challenging, particularly when conviction is 100% – “*its just a thought*”.
- *Fusion vs believability.*

# Defusion

- Defusion strategies:
  - Broadly asking: *“Given your experiences, is there a way to not get so hooked in here and still do what’s important to you?”*
  - Externalising e.g. *“what’s the paranoia telling you to do?”*
  - The computer screen analogy – engaging the ‘mind check’ function similar to ‘spell-check’ on Microsoft Word.

***“It gives me that time and space to say “hang on a minute” and let it go by, don’t get carried away with thoughts, gives you that breather”***

## Acceptance

- “What are you willing to have/not have so you can do the things that are important?”
- Making space for presence of anomalous experiences and not holding on too tight to the need for coherency, meaning and purpose provided by experiences.

***“Just being there, doing what you want to be doing, rather than running away or hiding from things. If I struggle, I going to get trapped here, if I’m more willing, it doesn’t fight back”***

## Using mindfulness

- Generally keep it simple
- Avoid long eyes-shut exercises –short bursts
- Creatively use mindfulness
  - Mindful eating an M&M
  - Mindful walking
  - Mindful rolling a cigarette
- Be clear that there is no “right way”
- Reinforce all sorts of “noticing”

***“I would just go off somewhere else – on another planet. I got more of a grasp of mindfulness with objects, concentrating on texture, colour, get into it”.***

## Self as context

- The self as context skills in ACT are useful in managing stigma about psychosis and mental illness.
- Experientially contact the sense of self that is noticing all experience - “And who is noticing this right now? Notice that you are noticing” .
- This work involves developing a compassionate stance toward yourself and others – stigmatizing beliefs about psychosis are recognized as mainstream, reinforced by the verbal community

# Suffering

- The person is supported to remember a recent time when they have felt upset, and to imagine that they were completing the following sentence:

‘I am....’.

- Similarly, negative thoughts that individuals might have about how other people view them can be explored by asking the person to complete the following sentence:

‘Other people think I am...’.

# Suffering

In assessing for sources of suffering that are relevant for emotional dysfunction following psychosis it is important to bear in mind the work of Birchwood and colleagues that highlighted the important role of:

- Loss
- Entrapment
- Humiliation in the experience of psychosis.

# Suffering

The following questions will be helpful:

- *‘What do you think caused the psychosis?’*  
Care should be given to explore spiritual or religious beliefs that could have important overlaps with the individuals’ value system.
- *‘Before you became unwell what did you think about people who had psychosis?’*
- *‘What ambitions do you worry you might not be able to achieve as a result of your experience of psychosis?’*

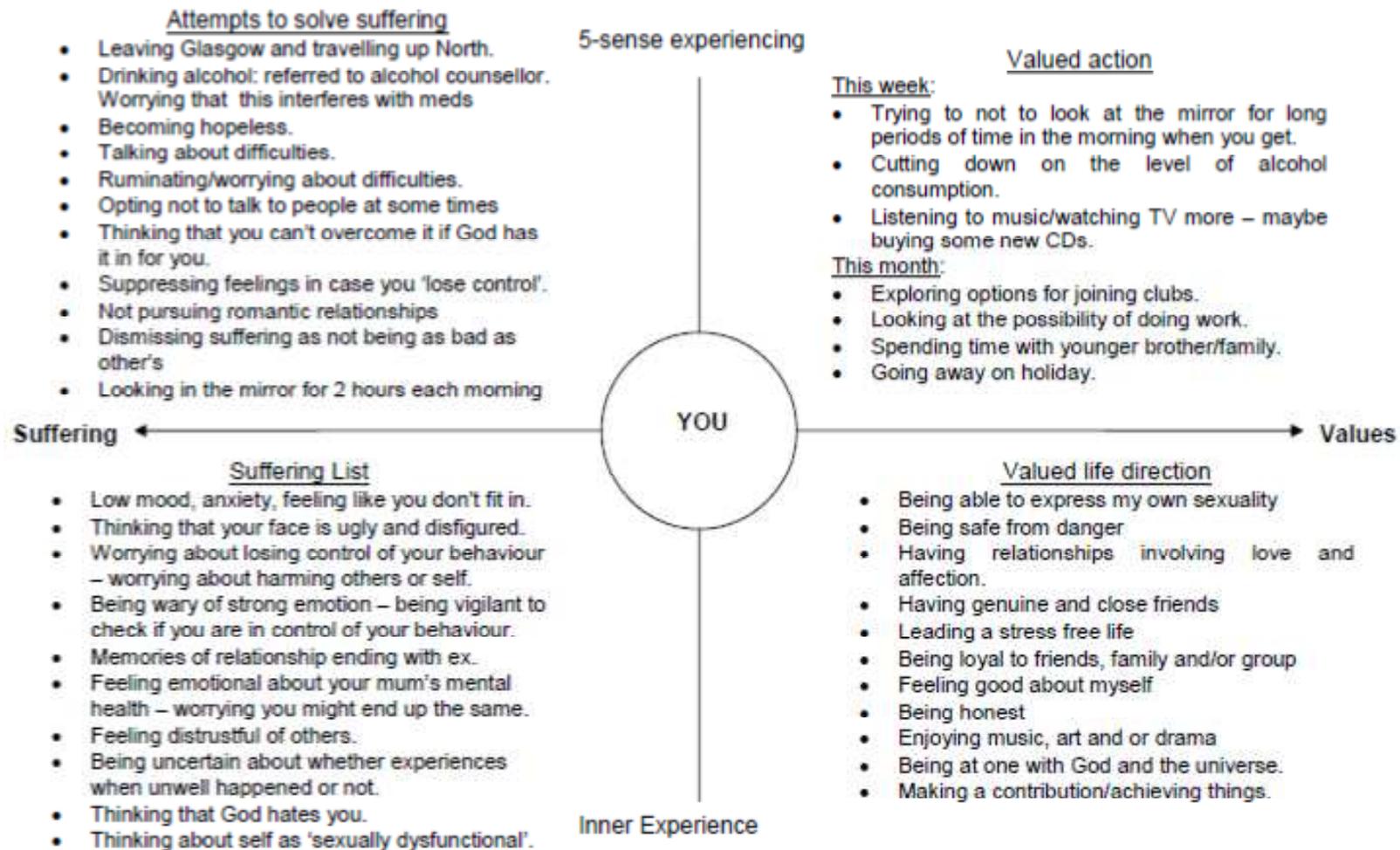
# Suffering

- *‘What events related to your experience of psychosis upset you the most?’*
- *‘Are you able to talk to other people about your experience of psychosis? How did they react?’*
- *‘Do people react to you differently because of your psychosis? How do you think this has changed?’*

# Suffering

- *‘Do you worry about the psychosis coming back? Can you tell me what particular worries you have?’*
- If the person continues to experience residual positive symptoms it can be helpful to explore. *‘What, for you, is it that most upsets you about hearing (or thinking that others are trying to harm you) voices?’; ‘What do you think those experiences prevent you from feeling or doing?’*

# Formulation



# Suffering

- *Robert: I've been miserating, if you like, over [what has happened over] the last 23 years of psychiatry and what it has achieved for me. It's all been pretty negative in my opinion.*
- ***Therapist: And the fact that it's been pretty negative from your point of view, where does that leave you now?***
- *Robert: Feeling like a victim. I mean I was trying to think how could I describe the last 23 years of medication, and hospitalisation, and subsequent lifestyles that I've become involved in and I would have to say that basically it's been 23 years of physical, psychological and sexual abuse, and it's just going on and on and it never ends.*

# Suffering

- *Therapist: And can you tell me about how that feels for you now, that sense that you have of your life, and how it is just now, how does that feel for you?*
- *Robert: It's just devastating. I feel imprisoned. I was supposed to try and cope with life and all it throws up, and it's as if, if you take a boxing analogy, it's like every time I have to go into the ring my hands are tied behind my back, so I can't defend myself, I can't progress. And then I look around and everybody else; their hands are free.*

# Values

- The exploration of suffering List can provide an insight to what values may sit underneath the suffering. In this regard, there is scope within ACT for suffering to metamorphosize into new understanding about what is important in life.
- The following extract demonstrates the relationship between Robert's suffering and his values.

# Values

- *Robert: 'Six months ago I changed my medication under supervision to a new medicine. Subsequently, this new medication gave me severe chest pains and after a few days of agony I phoned an ambulance and was taken to hospital and kept in for a few days monitoring. The medication was changed back to the original medication and after a few weeks the pains were gone. At the time I was very worried about dying of a heart attack, and also funnily enough dying alone in my flat where I might not have been discovered for week. Since then I have worries about my fitness and general health.'*

# Values

- ***Therapist: ‘Just as we sit here and think about that, how’s that making you feel?’***
- ***Robert: ‘It was very hard, I find it very upsetting. I remember I phoned the ambulance, I thought I was gone. I really did. I was having breathing difficulties. And that was running through my mind all the time...I’m going to die here alone, and my body may not have been found for weeks. I thought it was kind of tragic. And yet, why worry if you die alone or if in a crowded room full of people? The result is the same, isn’t it?’***

# Values

- ***Therapist: ‘What do you think is tragic about that? What makes that scenario so tragic?’***
- *Robert: ‘I keep in touch with my parents, so after a few weeks, maybe two, three, four weeks they would obviously become concerned because I hadn’t contacted them, and what happens? They phone the police who would come and kick the door in, they would find my body in a kind of dirty, musty flat. They would do a post mortem, they would interview the neighbours: ‘What was he like? Was he a loner?’ ‘He never had any friends or anything’. Just a tragic waste if you like.’*

# Values

- ***Therapist: 'Waste'. Now, that seems to be important because it's generating some of the heat upwards. This idea about waste, "what a waste that would be..." And we could get caught up worrying about that: "My life, is it wasted? Is it not?" Or, can we also notice there's a value close by. The other side of that coin is perhaps: "I want to make a difference, and I'm quite passionate about that...And asking yourself: "What can I do to move towards that?" Maybe that's more workable for you.'***

# Values

- P: The other thing I think about is that, you know, these 23 years were eh, were em, possibly my peak years if you like, and they've gone. You know, I'm 48, em, time is kind of slipping away in terms of eh, you know, your ability to achieve things, and eh, I've been feeling that a lot since I turned 40, you know, I'm having trouble with, eh, the fact that I've achieved so little in my adult life, em.
- **T: So feeling a sense of frustration in the sense you feel like your peak years if you like have been taken from you, and that time is slipping away and that with that your ability to achieve things is slipping away and that's something that you've been mindful of since you turned 40, and you're now 48, yeah. Now, we've talked about how sometimes the stories that we have about our life can lead to us experiencing distress, and we can go up here and get quite lost up here in our mind in these scripts about how life has been, and that causes upset. And in feeling your frustration, em, a degree of resentment maybe towards the fact that psychiatry hasn't been more of a help to you, so you're feeling that kind of pain, that suffering. And I guess at times you maybe tried to move away from that suffering, and you know you can try to think your way out of that sometimes, you can try to, em, maybe vent some of that to move away from it.**

# Values

**But I'm seeing something else as well, two sides of the one coin, pain and hurt, and then on the other side something that you value, if you didn't value something then it wouldn't hurt, it wouldn't be painful if you didn't achieve it. So when we feel pain and when we feel hurt and we're suffering something close by, there's something that we value, something that's important to us that we're maybe not just reaching at the moment [uh-huh]. So what do you think that thing is? You've already touched on that thing, just what you said recently there.**

- P: Em, I think it's, I value em, me, or me as a person and em, you know, because of my lack of achievement if you like, eh I've let myself down.

# Values

Fifty per cent or more of individuals with psychosis identified the following values as definitely important to how they wanted to live their life:

- Feeling good about myself
- Having relationships involving love and affection
- Being loyal to close friends and family
- Having genuine and close friends
- Being honest
- Being safe from danger

# Goals

SMART criteria:

- **S**pecific
- **M**easurable
- **A**ttainable,
- **R**elevant
- **T**ime-limited

Regular reviews of progress towards these goals.

# Goals

- When we move toward our values, anxiety and worry will show up (two sides of the one coin), but these emotions should not act as a barrier to us moving towards what we value in life:
- Charlotte Whitton: *“Turn your face towards the sun, the shadows fall behind you”*

# Loss

- Individuals may also express feelings of loss as they come to terms with the link between suffering and values
- Years of struggling with the suffering have detracted from their ability to engage with what they value in life.
- This may emerge as an additional source of suffering for the Suffering List. Time should be spent exploring the workability of struggling with this suffering

# The Fallibility of Memory

- How good a historian about our lives are we?
- Memory from the past.

**(Exercise)**

## Showing up

- ***Therapist: “As we sit and we talk about “miserating experiences”, about “devastating experiences”...I liked that analogy about being a boxer and going into the ring with his hands tie, yet everybody else seems to have their hands free...as we sit here and talk about that, what do you feel in your body? Can you place those feelings in your body anywhere?”***

# Showing up

- *Patient: "In my stomach".*
- ***Therapist: "Ok. What is that like?"***
- *Patient: "A kind of like nauseating feeling. But before you talked to me about where you feel your mental pain...I never really thought about it before, and if I get into certain situations where I feel inadequate or nervous, I feel as if I'm going to lose control of my bowel. So it's almost in my stomach and stuff".*

## Contacting the present moment

- ***Therapist: “Do you mind if I just come back to the frustration? As we think about that, you know, maybe some of those feelings, or memories of those feelings, you might even be feeling that now, where do you feel that frustration, in your body, can you locate it to a particular place? What’s it like?”***
- ***Patient: “I think frustration, I always feel kind of frustration like in my head, like because it, you know as if it like sort of, a kind of gnashing of teeth...”***

# Defusion

- Individuals experiencing emotional dysfunction following psychosis may present with distressing intrusive thoughts relating to their experience of psychosis.
- Attempts to suppress these thoughts can have the paradoxical effect of increasing the frequency with which these thoughts occur.
- The focus should be on highlighting attempts to control these thoughts as being part of the problem rather than the solution.

# Defusion

- ***Therapist: “At times you’ve been fearful of your thoughts, it’s almost as if having negative thoughts, having traumatic, distressing thoughts is going to increase the likelihood of something bad happening, or is tantamount to the real experience actually occurring”.***

# Defusion

- *Patient: “I think so. Take the thought that I talked about; a knife entering the back of my head. I think if I really focussed on that when I got the thought, and really focussed hard on it, I would feel the sensation. In some situations I do feel a sensation, but it’s not the sensation that you would feel if a knife entered your head...you would feel pain in the skull. It’s just a kind of very gentle sensation, but it’s like nobody else gets it... it makes me feel different. And then I think society tells us that different is wrong”.*

## Defusion

- *Patient: “And I think that’s the worst, the worst aspect of my experience is to be actually scared of your own mind, because if you’re scared of your own mind and you’re not sure of your mind, it makes the whole world seem like a lottery, that anything could happen, anything is possible and anything could happen. And usually when you say anything could happen, it’s usually of a bad nature. But I can see, also, on the flipside of that if you like, I can see what ACT is trying to do for me...I’ve now got to accept that I have these thoughts, which I never had before, maybe knives or something like that. But, I can play about with them. I can’t get rid of them, but I can play about with them. So sometimes now when I get a thought like that, I try and imagine what you said about the computer screen, you can make it big small, so I try and imagine reducing it. just to a dot, so it’s just a dot in my mind. And I think that helps, because it means it’s not, it’s not a big issue is it, it’s just a dot...”*

## Self as context

- *“...and maybe in a sense, even though I come in every week and say I’m struggling, I’m struggling, not doing well and stuff, maybe the reason I’m struggling is because I’m wanting everything to be good, because I value being in a good situation, rather than being in a bad situation. So maybe every time I’m struggling, I’m actually still on the journey, towards that, but it’s just I’m maybe not making my goals or meeting my goals which break up the journey. Em, maybe striving for...in terms of thinking about medication, stuff like that, I’m expecting the perfect pill, and I’ll take it and then I’ll wake up and you know, everything will be perfect and, that’s not happening, maybe an unrealistic goal”.*

# Committing to Action

- *Patient: “If you’re scared of your own mind, I think that manufactures a fear of any kind of unknown situation, so you’re always trying to limit yourself to situations that are not spontaneous. You become a not very spontaneous person. During the course of a day things happen that are unexpected, and if you’re a very spontaneous person you can adapt to that and take it on-board and react suitably. But if you’re scared of your own thoughts or you’re scared of everything that could happen every day, you may act inappropriately to the situation”.*

# Committing to Action

- *Patient: “Yeah. I’m starting to see what ACT is about, it’s trying to tell me not to be scared of my thoughts, because they’re just thoughts. Because you have a thought you don’t have to be impulsive and act on it”.*

# Committed Action

- **T: “...Is sitting stewing over the fact that you think those peak years have been robbed from you, going to be workable in helping you move towards that sense of achievement, here, now, today?”**
- *P: “Yeah, I’m kind of beginning to, to see the, you know em, like you know, you can always flip over a worry or a suffering, or a desire if you like, an unrequited desire and then saying it’s because you value something. And you know, em, I’m getting to see that that is true, that, the reason you’re unhappy is because you have desire for whatever. If you didn’t have then you wouldn’t be unhappy. If you didn’t have any desires at all, you wouldn’t be happy either, ha ha. So it’s a bit like, eh...I always admire people who are driven, you know em, no matter what area of life they end up in, you know, eh, they leave school and say whatever their qualifications were, well, you know, “I want to do this”, and they go about struggling and through hardships, and then at the end of the struggling and hardships they eventually achieve their goal of becoming this whatever. I admire that, people, I think that’s always been kind of missing in life, you know, thinking that, eh, lack of drive if you like”.*

# Committed Action

- ***T: “And that’s a nice example about how the way we think about ourselves, the scripts that we use, “That’s always been missing from my life....maybe I’ve been lacking in that”, that’s quite a powerful script, and in a sense we need to get a bit of distance between us and those scripts, so that here, now, today, we can start a new script, turn the page and ask, “Alright, what do I want to do today and where do I want to go?”. We can get stuck with the suffering or we can get busy pursuing the things that we value”.***

# Value Fusion

- Be vigilant to the possible development of *value-fusion*.
- Values are not a stick to beat ourselves up; it is not a case of “I must”, “I have to”, “I should” behave in a way that is consistent with a particular value.
- Instead, it is more a case of “I can...”,



Thank You

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