

ACT Interventions for Substance Abuse & Addiction

Dr David Pfaff, PhD, LPC
1.5-hour CEU Workshop



Let's Begin with Metaphor...

Metaphor – ACT in a Nutshell

Let's do an exercise developed by Dr Russ Harris, "*ACT in nutshell*". Can I get a volunteer? And feel free to play along in the audience.

- Can I get a volunteer?

After the exercise, consider:

- Thoughts and reactions?
- Impressions?
- Can you relate?
- What does all of this have to do with behavioral health?



Workshop Overview

This 1.5-hour CEU workshop is an upper-level course within a comprehensive series dedicated to teaching mental health clinicians Acceptance and Commitment Therapy (ACT). **Designed for those with a foundational to intermediate or advanced training in ACT**, this workshop delves into the **benefits and applications of ACT in treating substance abuse and addiction**. In doing so, this workshop provides instruction on an ACT approach to substance abuse and addiction by way of **core processes and skills for conceptualizing, intervening, and supporting clients**.



Learning Objectives

Learning Objectives - by conclusion of this 3-hour workshop, participants will have been introduced to, studied, reflected upon, and participated in group exercise around the following:

1. Use of ACT processes and skills for meeting clients where they are, and guiding intervention through the ACT core processes.
2. General concepts and recommendations for structuring sessions and designing a personalized approach to ACT to substance abuse and addiction.
3. Principles for establishing a workable ACT therapeutic alliance.
4. Professional characteristics associated with the ACT therapist working with substance abuse and addiction, to include technical and attitudinal.
5. Application of specific ACT interventions to address substance abuse and addiction.



Module Outline

Within this presentation:

- I. Welcome, introductions, & warm Up
- II. Through the Lens of ACT
- III. ACT Intervention
 - I. Confronting the Agenda
 - II. Processes & Skills
- IV. Wrap up & Q&A

“We don’t choose to be addicted; what we choose to do is deny our pain.”

– *Unknown*




Welcome, Introductions, & Warm up

Welcome, and who is this guy (again)?



David Pfaff PhD, LPC

- Mental Health Clinician:
 - ✓ Licensed Professional Counselor in OK & TX.
 - ✓ Board Approved Clinical Supervisor.
 - ✓ In private practice in OKC.
 - ✓ Clinical experience in community mental health, agency, drug courts, and inpatient.
 - ✓ Member of the ACA and ACBS.
- Counselor Educator:
 - ✓ Core Faculty, Texas Tech University HSC.
 - ✓ Previous teaching appointments at Seton Hall University, OKCU, & UCO.
 - ✓ Authored on Trauma & Attachment, Mindfulness, Positive Psychology, the Change Process and TTM/SOC, Hemophilia, ACT, and EFT.
 - ✓ Peer reviews for Cambridge, Cognella, Rowman & Littlefield, & Alcoholism Treatment Quarterly.



Welcome, &
thank you for the
gift of your time

Workshop Resources

Presentation and additional materials from this workshop are available using the QR code (Google Docs link):





Through the Lens of ACT

How ACT broadly understands and conceptualizes substance abuse and addiction

Group Questions

- What do you hope to learn from this training that will improve your clinical work with substance abuse and addiction? Note that we will be revisiting these throughout the presentation.

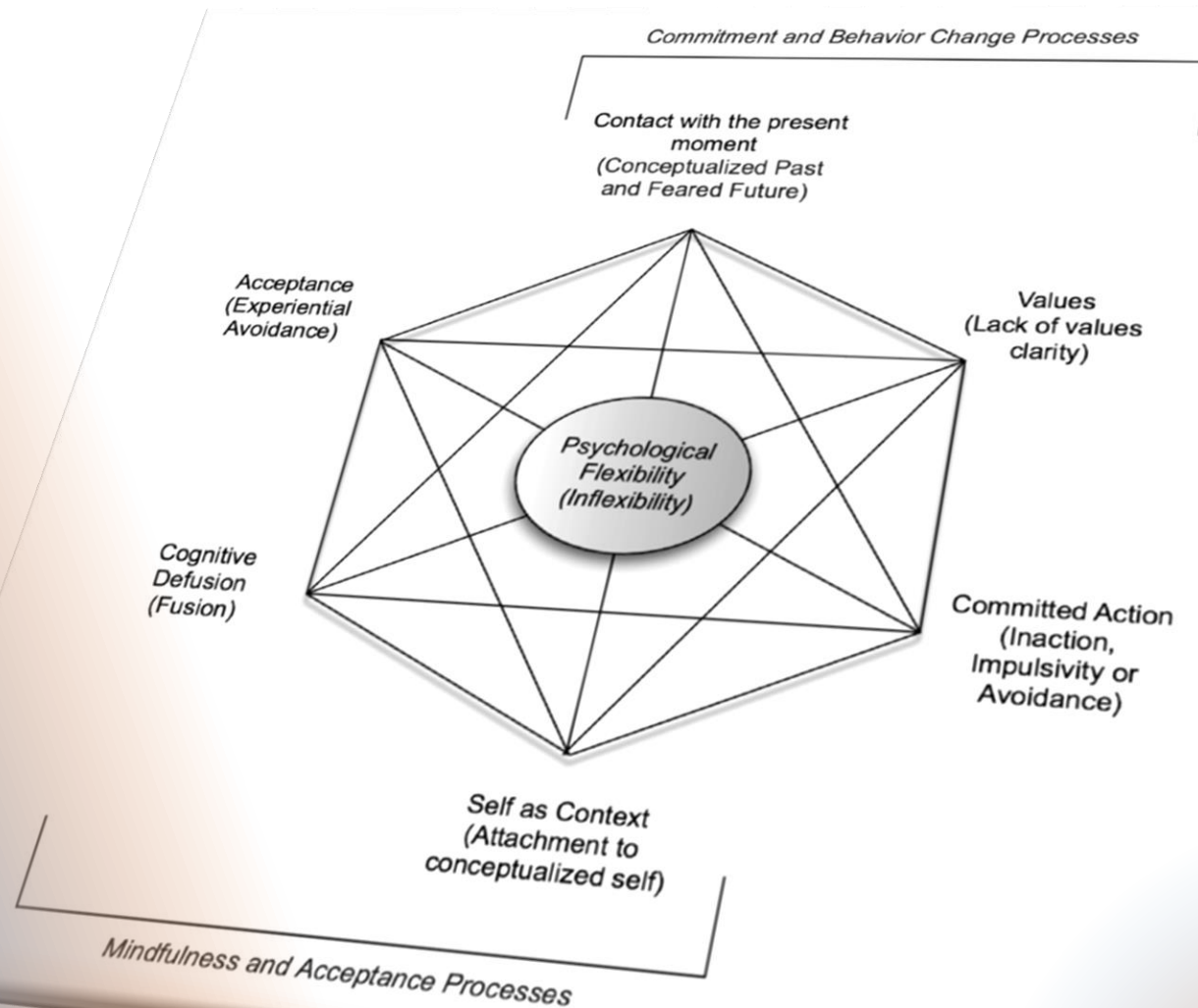
“Addiction is an adaptation. It’s not you—it’s the cage you live in.”

— Johann Hari

Brief ACT Refresher

The Highlights

- **Superordinate goal:** Cognitive Flexibility.
- **Keys to suffering:** FEAR (Fusion, Excessive goals, Avoidance, Remoteness from values).
- **Approach:** RFT, ACBP.
- **Core processes and skills:** Hexaflex
 1. Defusion
 2. Acceptance
 3. Contacting the present
 4. Self-as-context
 5. Values
 6. Committed action



Introducing ACT for Substance Abuse & Addiction

Through the ACT Lens

“Doing” what I know

Substance abuse and addiction are **behavioral strategies**.

These strategies are **learned *and* reinforced**.

Escalating ineffective problem solving

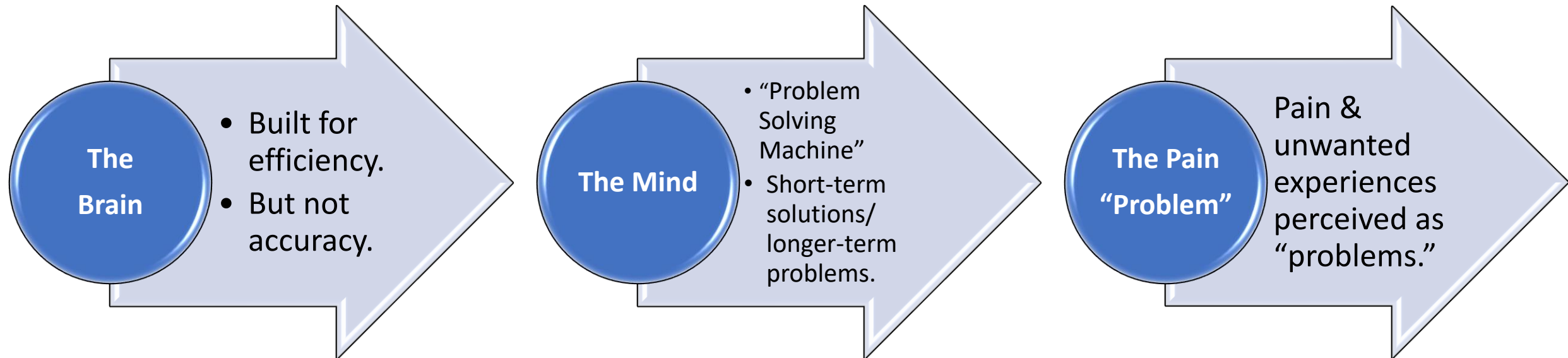
The misconception is thoughts and feelings (pain) are problems to solve...

This “**overcontrolling**” of **problems** leads to avoidance and suffering.

And things **snowball** from there...

Introducing ACT for Substance Abuse & Addiction

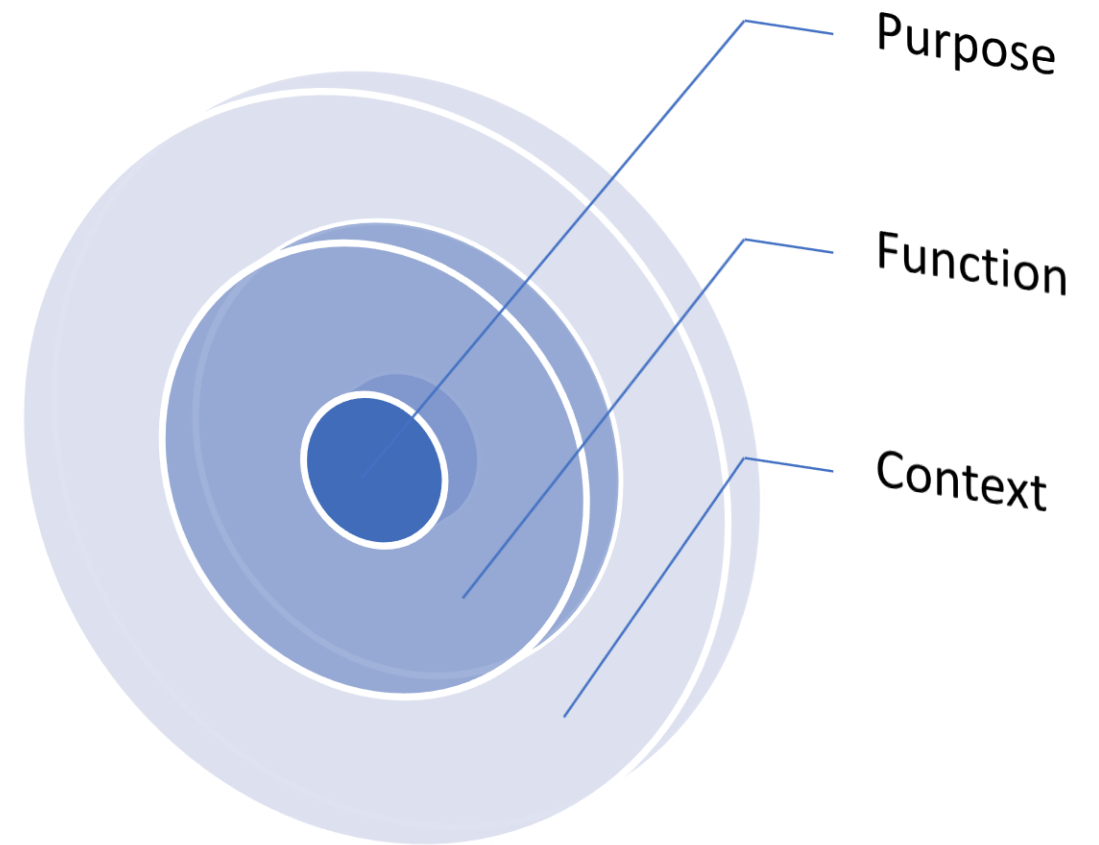
Getting at the problem, as conceived by ACT



Through the Lens of ACT

Substance use behaviors serve a purpose

$$(Function) + (Context) = Purpose$$



Through the Lens of ACT

Functional Contextual Take

Purpose?

ACT sees the prime driver for substance abuse and addiction is “solving pain” by avoiding it.

Through the Lens of ACT

Functional Contextual Take

Function?

Substances control pain:

1. **Stop pain** by alleviating and distracting from undesired experiences.
2. **Create feel-goods** with instant gratification and pleasurable experiences.

Through the Lens of ACT

Functional Contextual Take

Context?

Controlling significant pain:

- **Hooked** into painful circumstances: trauma, acute stress, unmet needs, intolerable present, etc.
- **Reinforced by continued, escalating use** of a “controlling agenda.”
- **The environment often reinforces** as well.



ACT Intervention

Putting ACT into action through specific case conceptualization, functional behavioral analysis, and technique/intervention.

Group Questions

- Discuss the concept (if not debated topic) of abstinence vs managed use/moderation.
- Knowing what you do about ACT, what side of the debate do you feel the approach falls upon?

“The goal of ACT is not to reduce symptoms, but to fundamentally transform your relationship with them.”

"ACT teaches us to accept what is out of our personal control and commit to action that improves and enriches our life."

— Russ Harris

ACT Intervention

Overview of ACT Intervention

- **Cultivating cognitive flexibility** (engaging the present and intentional action)
- **Responsibility for choosing** the life we want.
- **Functional contextual approach** to analyzing and changing behavior.
- From **“avoiding life” to “wanted life.”**
 - ✓ **Insight** and **“hopelessness”** for **unworkable behaviors** (or **“away”**).
 - ✓ **Committing** and acting **“toward”** a valued life.

Functional Assessment



This Workshop Covers



Confronting the Agenda

- **Confronting the Agenda/Creative Hopelessness**
 - ✓ Functional behavioral assessment
 - ✓ Confronting the futility of substance abuse and addiction.
 - ✓ Setting the stage for “what now?”



Treatment Intervention

- **ACT Intervention**
 - ✓ Promoting behavioral change.
 - ✓ Using ACT processes and skills (Hexaflex).



Confronting *the* Agenda

“Recovery is an acceptance that your life is in shambles, and you have to change it.”

— Jamie Lee Curtis

Confronting the Agenda

1) Functional Behavioral Analysis

What am I currently doing? What is the purpose of it; i.e. payoffs?

2) Is this workable?

Does this move toward my goals?
What's the cost?
Validate payoffs and point out costs.

3) Workable alternatives

Sure it works, but are there more workable options? What about living the life I want?

4) Skills work

ACT processes and skills for identifying and practicing more workable behaviors.

**Harris' Keys
for
Behavior Change**

Confronting the Agenda/ Creative Hopelessness

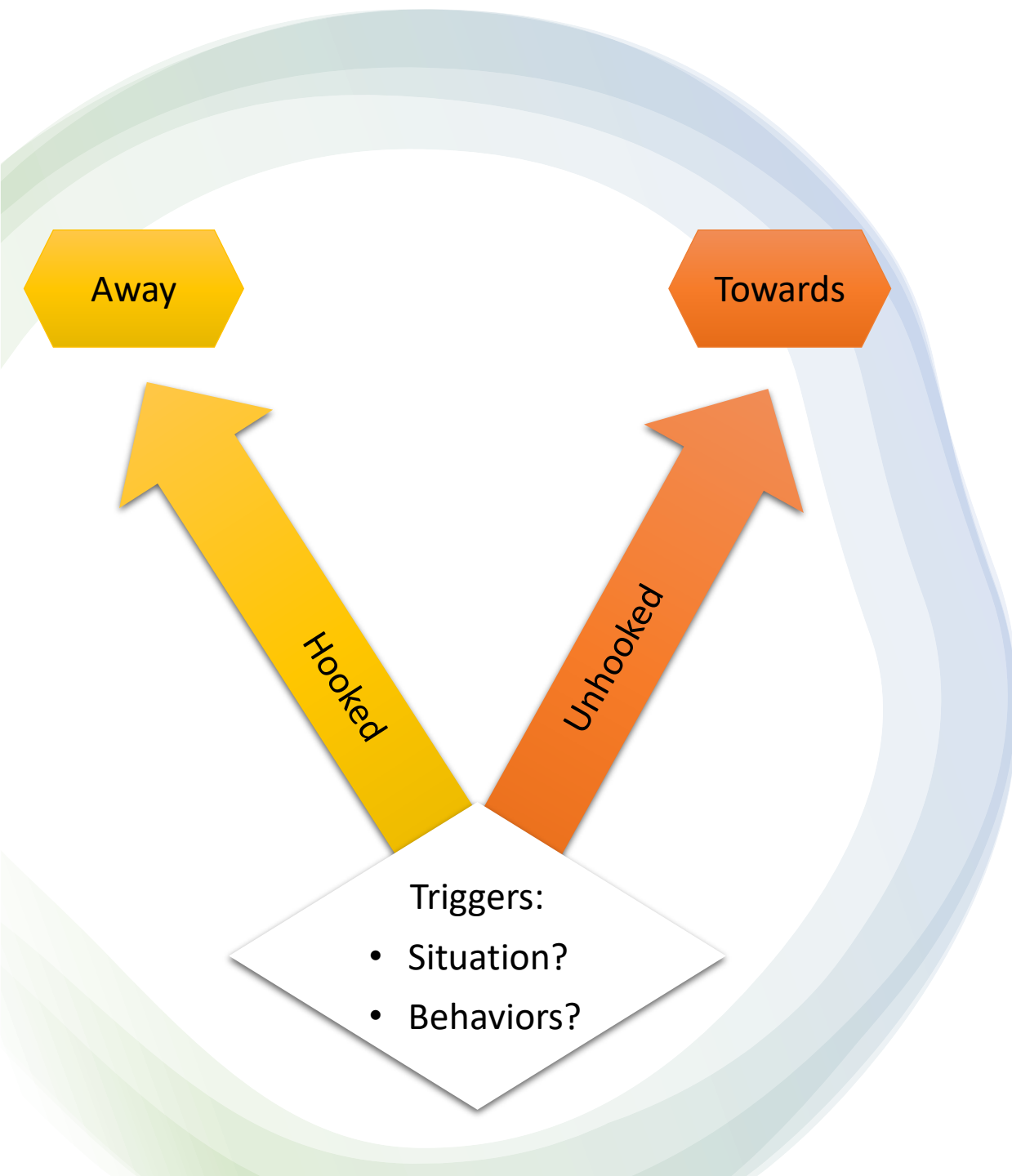
Confronting the “Controlling Agenda”

- **Controlling agenda** – using substances to control and avoid pain.
- **Confronting the agenda / creative hopelessness**
 - ✓ “**Dropping the rope**” in the tug-of-war to control pain.
 - ✓ **Creatively using “hopelessness”** to unhook from unworkable behavioral strategies.
 - ✓ Into the **accepting agenda**, embracing pain is unavoidable and still living the life we want.

Confronting the Agenda/ Creative Hopelessness

A process for confronting the agenda:

1. **Reflecting on using** substances to “fix” pain and improve life.
2. **Confronting the futility** (hopelessness) of these unworkable, away behaviors.
3. **“Accepting” the problem is control**, not pain.
4. **Addressing the ambiguity** and uncertainty of what to do now.
5. **Identifying “creative”** towards behaviors.



Functional Assessment

Choice Point Charting is tool for in-depth functional analysis of behaviors.

- **Visual aid** for the first 3-keys of behavioral change.
- Assesses **Away and Towards** behaviors.
- The broader context is the “**wanted life.**”
- Remember – **functional contextual analysis**, not should, musts, coulds, have-to’s.

To help, let's consider a case study

David, Caucasian male, 40-something-years-old

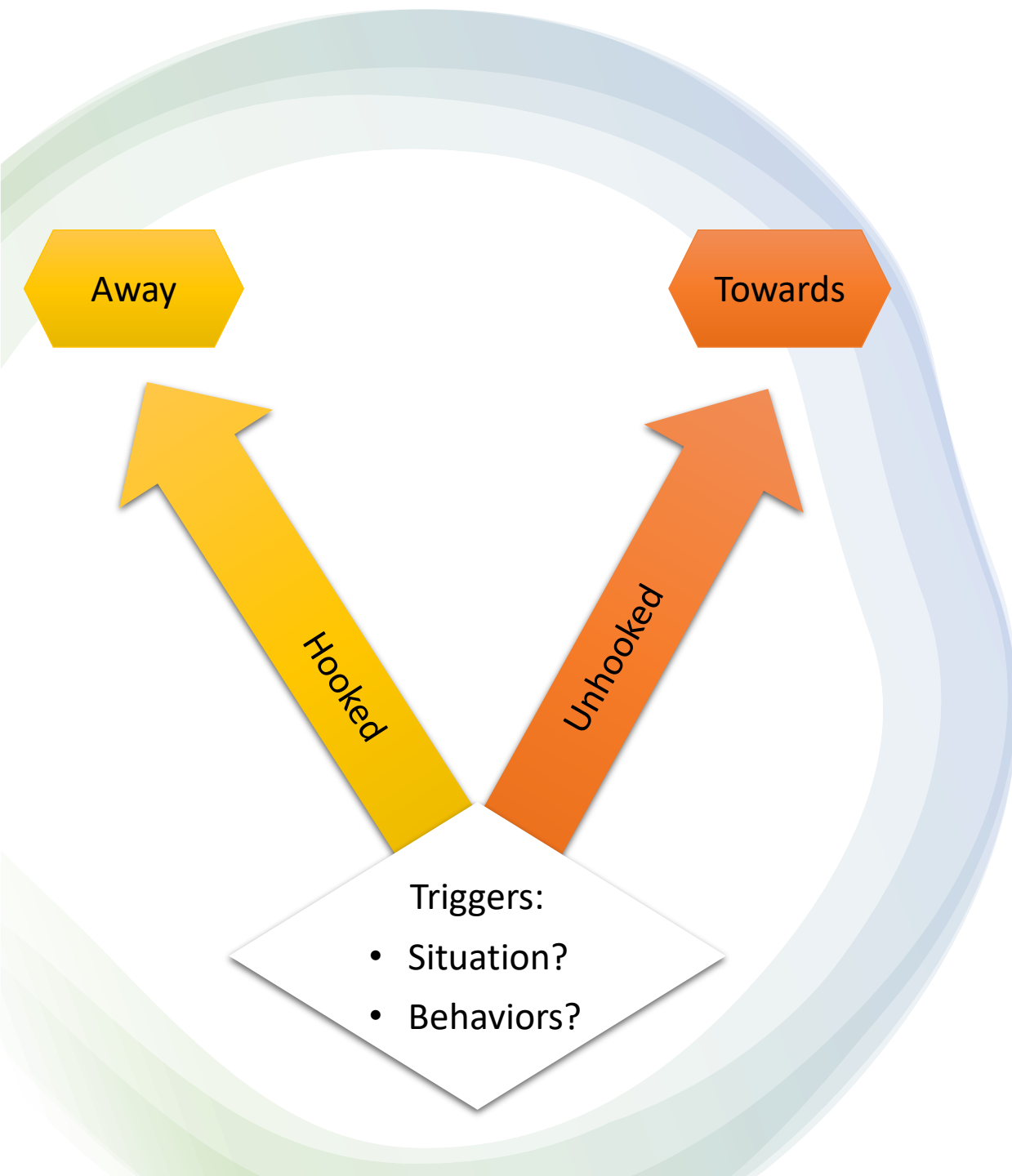
David is a 40-something-year-old man struggling with alcohol abuse for the past 10-years. He is a college graduate working on a PhD, currently employed full-time as university instructor, and lives alone in an apartment. He comes from a family where alcohol abuse is prevalent, with both parents struggling with drinking problems throughout his childhood. Although David has a group of friends, he reports feeling disconnected and lonely at times, particularly after his recent breakup with a long-term partner.

David reports that his alcohol consumption started casually in college, but over time, it became more frequent and excessive. He admits to drinking most evenings, and on weekends, and it's common for him to drink to the point of blacking out. David struggles to control his drinking, often promising himself he won't but then giving in.

David is concerned about how his drinking is affecting work and school performance. He's had difficulty concentrating in class and department meetings, missed deadlines and other responsibilities, and received feedback from his department chair that his performance is slipping. Personal relationships have also been impacted; he has distanced from friends due to embarrassment about drinking fears of judgment. The recent breakup has triggered an escalation in drinking while trying to cope with feelings of sadness and anger.

Presenting Problems:

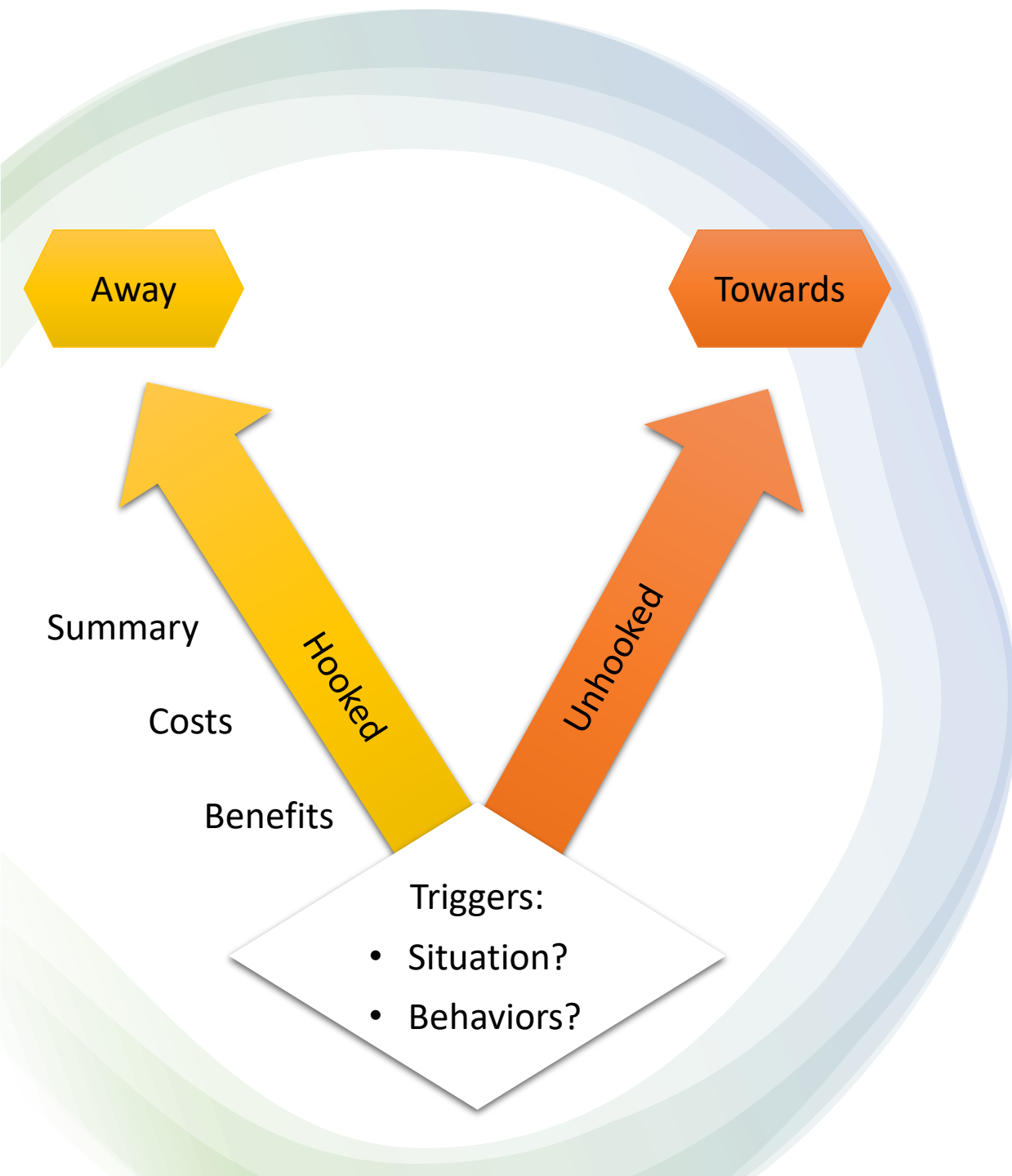
- **Alcohol Dependence:** David reports drinking 6-8 drinks on average per day, and on weekends, this can increase to 12-15 drinks. He experiences cravings and urges to drink, and has developed a tolerance to alcohol, requiring more to achieve the same effect.
- **Physical Symptoms:** David mentions experiencing physical withdrawal symptoms in the morning, such as shaking hands, sweating, and headaches, which she alleviates by drinking.
- **Work and Relationship Issues:** Drinking has caused David to become less effective at work and school, leading to strained relationships with professors and colleagues. He feels isolated from her friends and family, as they've expressed concern about drinking, but he feels defensive and brushes them off.
- **Coping Mechanism:** Alcohol has become David's primary coping mechanism for managing stress, anxiety, and difficult emotions, particularly following the breakup.



Functional Assessment

Choice Point Charting

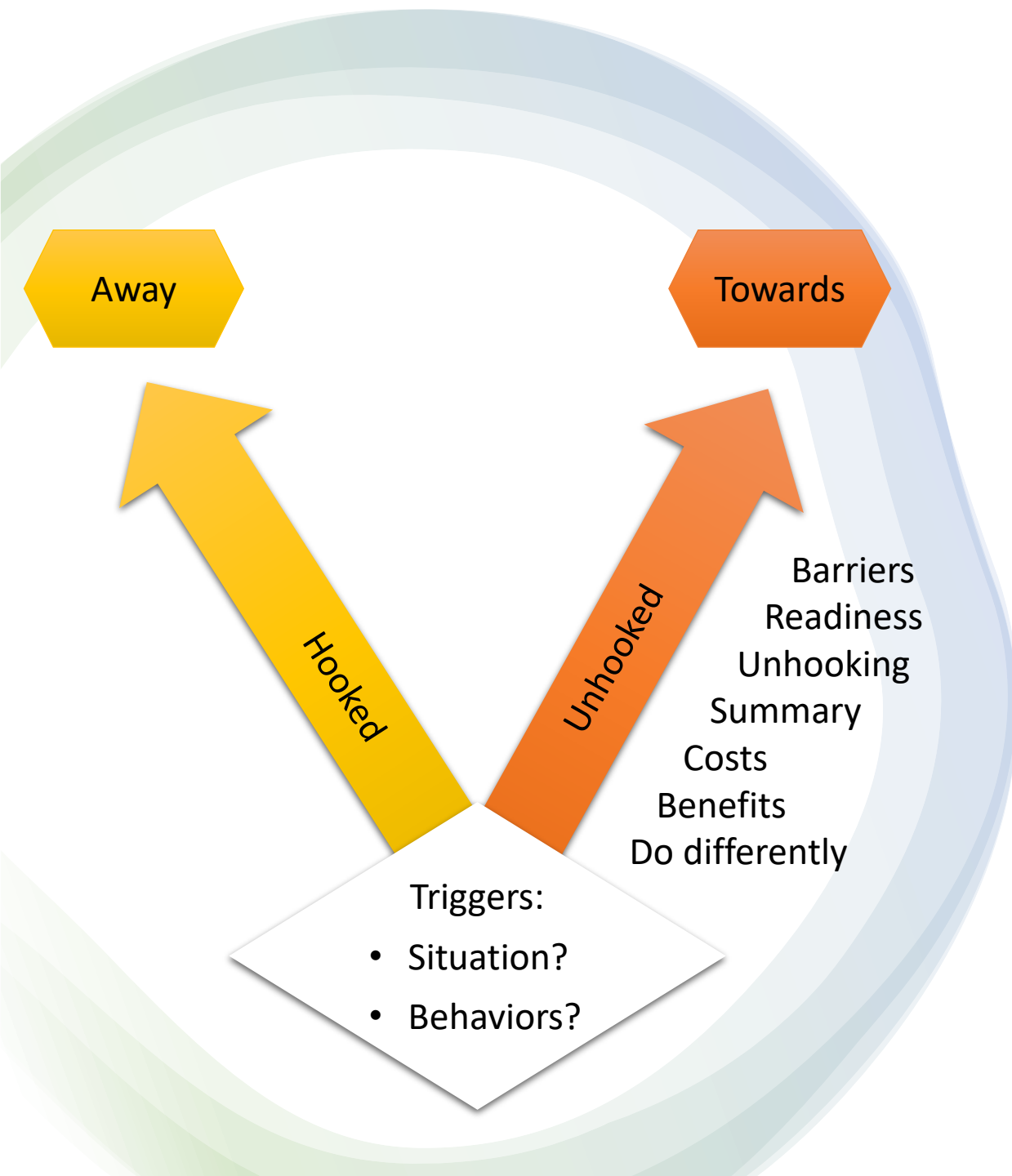
- Begin with identifying characteristics of **the “wanted” life** (valued goals).
 - ✓ In the Case of David, what do you think this looks like?
- Using this as context, **begin charting** Away and then Toward behaviors.
 - ✓ With David, what do you think are prime Away behaviors?



Functional Assessment

Choice Point Charting - Is this workable? For the case of David, that is.

- 1. Triggers** of substance abuse and addiction, including situation and behavioral reactions.
- 2. Benefits** of using, for instance solving pain, control, distraction...
- 3. Costs** of using, for example relationships, not being present, stuck/fused, legal...
- 4. Summary** – *it seems like (substance abuse or addictive behavior) helps (benefits), but then you also say it (costs) so that its difficult to live the life you want (include valued goals).*



Functional Assessment

Choice Point Charting - More workable behaviors for David?

1. **Triggers** – same as before, but what about moving toward valued goals...
2. **Do differently**, as in what is the client willing to try? Brainstorm.
3. **Benefits** of doing different, bearing in mind valued goals.
4. **Costs** of doing differently, and remember change is hard.
5. **Summary** much like before.
6. **How to unhook** from the away behaviors.
7. **Readiness** to change, again, this is hard.
8. **Barriers** to doing differently and change?

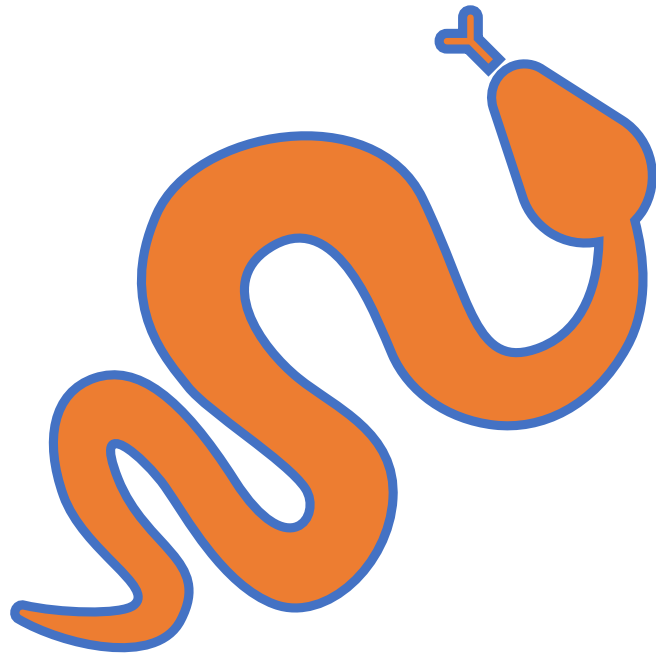


Let's practice Confronting the Agenda / Creative Hopelessness

Confronting the Agenda

Below is a set of example questions similar to the Choice Point Charting exercise. Adapt them, add more, create variations, etc.

1. What strategies have you tried to address (insert the trigger or circumstance for using)?
2. How has using substances worked for you (functional contextual approach and a 360-degree vantage point)?
3. What are the cost and/or consequences of using, especially long term?
4. What is the workability of these strategies, as in moving you toward or away from the life you want?



Let's practice Confronting the Agenda / Creative Hopelessness

Perverse Incentive and the COBRA Effect

Perverse incentive within this context refers to behavioral strategies wherein outcomes run contrary to original intentions. Start with a metaphor or allegory, like the cobra effect, to explain the principle of perverse incentive ([link to cobra effect story](#)). Convey that our intentions and solutions to problems may make things worse and end as the problem. Then, use COBRA as an acronym as it applies to the use of substances:

- Controlling – trapped in a control-cycle, substance use, pleasure seeking, etc.
- Overthinking- rationalizing, logic, scheming, excuse-making, planning.
- Blaming – stuck in finding fault and “whys”; not taking responsibility.
- Rejecting - invalidating or discrediting our experiences, thoughts, beliefs, self-regard, and values; moral model or parenting ourselves.
- All leads to avoiding pain or discomfort.



Functional Assessment

Wilson (2012) developed the ***Practicing Our Way to the Gift of Stillness***, a 4-part method of assessment (and can be used throughout):

- Part 1



- Part 2



- Part 3



- Part 4





ACTing Toward Change

“Nobody stays recovered unless the life they have created is more rewarding and satisfying than the one they left behind.”

– Anne Fletcher

ACTing Toward Behavioral Change

1) Functional Behavioral Analysis

What am I currently doing? What is the purpose of it; i.e. payoffs?

2) Is this workable?

Does this move toward my goals?
What's the cost?
Validate payoffs and point out costs.

3) Workable alternatives

Sure it works, but are there more workable options? What about living the life I want?

4) Skills work

ACT processes and skills for identifying and practicing more workable behaviors.

**Harris' Keys
for
Behavior
Change**

ACTing Toward Behavioral Change

Model of Change - Cognitive Flexibility

1. Present with the moment and experience.

- ✓ Opening up to experiences.
- ✓ Maintaining total-awareness.

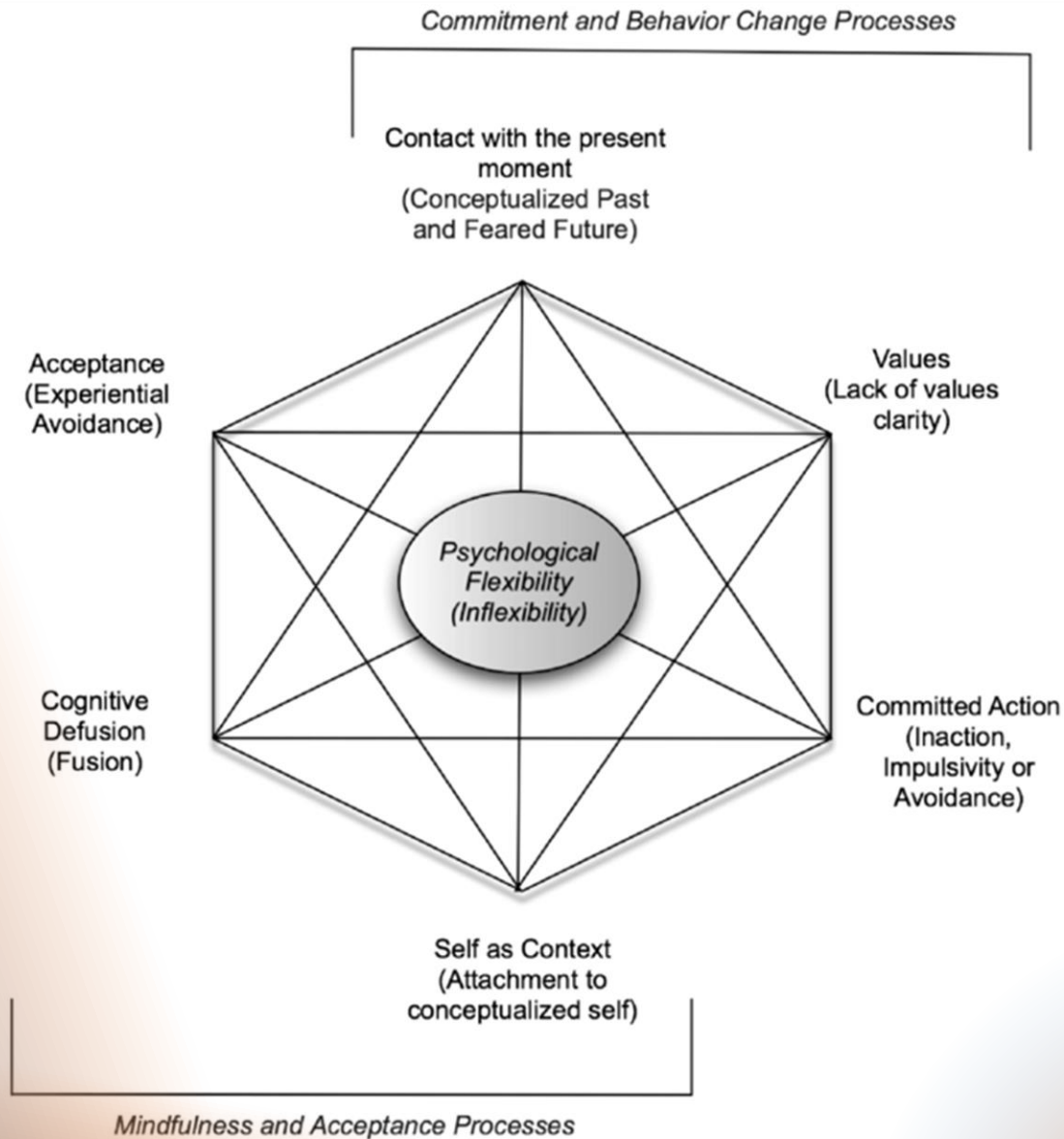
2. Creating meaning through awareness and intentionality.

- ✓ Engaging personal-values.
- ✓ Taking committed action while adapting to adversity.

ACTing Toward Behavioral Change

Goals of cognitive flexibility with substance use:

- **Engaging the present and accepting** triggers for using.
- **Setting valued goals and taking committed action** towards the “wanted life” over the avoiding life (and using).
- **Working through the Hexaflex** (6 core skills and processes), the road map.
- Maintaining a **behavioral (action) focus**.



ACTing Toward Behavioral Change

The Hexaflex

- Therapeutic Swiss Army Knife
- Denotes processes and skills for conceptualizing and working toward flexibility.

Defusion

Hooked to Stories We Tell Ourselves

- **Fusing** to pain and self-conceptualizations.
- **Fusing to stories** about the effectiveness of substances, doubting treatment or the ability to reduce/stop.
- These stories are **false statements of fact**, reality, universal truth,...

Common “Hooks” and “Stories” of Substance Abuse & Addiction

- ☐ “I can’t stop using or live without it.”
- ☐ “It’s not my fault...I can’t help it.”
- ☐ “I’m going through a lot right now, it’s how I deal or relax.”
- ☐ “It’s the only way to get through (insert trigger or day).”
- ☐ “It helps me not remember.”
- ☐ “We all have a hole inside us or are f-ed up, this gives me relief.”
- ☐ “It’s better than the alternative and I don’t really care about the consequences.”
- ☐ “This isn’t really a problem; I don’t need treatment.”
- ☐ “I’m in control.”
- ☐ “I need it to be social/around people.”
- ☐ “It’s not as bad other folks using.”
- ☐ “No one, including me, is getting hurt by this.”
- ☐ “I just like the feeling/to have fun.”
- ☐ “I still have a job, so its all good.”
- ☐ “I can keep doing this and will be fine.”
- ☐ “This isn’t about/doesn’t effect anyone else but me.”
- ☐ Others?

Defusion

Defusion Overview

- **“Unhooking” from thoughts and feelings** related to substance abuse and addiction (from triggers to urges).
- **Includes stories** we tell ourselves about self, others, and experiences.
- **They are just thoughts and feelings** (not facts or reality).
- Detaching **diminishes believability and power**, lessening reactions and urges.

Defusion



Unhooking from the Mind

- Detaching from **so-called facts**.
- **Includes unlinking** thoughts and feelings from actions.
- **Creating space** between the client and their stories:
 - ✓ For instance “I am feeling hurt and shame, and I am thinking I’m worthless, I am judging or choosing that I don’t need to quit.”
- **Changing language changes how we relate** to experiences (relational frame theory).



Defusion clinical exercise

Listen and follow directions:

- Initial instructions: [Audio link to *Dropping Anchor, Step by Step* – 10 min](#)
- Additional recordings: [Link to other Free Recordings](#)
- Document link to handouts:  
- Remember **ACE**:
 - A – Acknowledging** and naming thoughts/feelings
 - C - Coming back/connecting** with the physical body (breathing, moving, stretching, sensations...)
 - E- Engaging** the present through intentional activities (mindful listening, 5 things,...)



Defusion in daily life

Daily Defusion Routine:

- Instead of waiting for the shit to hit the fan, integrate defusion into daily life.
- Schedule time and set reminders throughout the day to practice, for instance:
 - ✓ Beginning the day and taking period breaks to drop anchor.
 - ✓ Contrive a situation and practice “I think, I feel, I judge statements”
 - ✓ Reflective practices or journaling at the end of each day.
 - ✓ Reflecting on progress made with defusion.

Acceptance

Experiential Avoidance

- Substance abuse and addiction **experientially avoid pain**, suffering, and unwanted experiences.
- Granted, substances have the advantages of **immediateness and effectiveness**.
- But **resisting reality snowballs and reinforces the cycle of use**, keeping clients disengaged from the world (and change).
- **The more avoidance, the less natural distress tolerance.**

Acceptance

Acceptance Overview

- How much time, energy, and suffering goes into trying to avoid pain and discomfort? To be fair, it is what the mind does.
- **Functional contextual view** of avoidance, not judgmental or shaming.
- **“Not resisting reality”** of human experience including pain, suffering, and what has/can happen.
- **Choosing to let go of experiential avoidance** with compassion.

Acceptance


Not Resisting Reality

- **Accepting the mind as is**; imperfect story-teller.
- **Accepting the reality of pain** and that avoidance increases use and urges.
- **Engaging with discomfort and “growing pains”** of working through use and addiction.
- **Not invalidating pain** but accepting in as much as contributing to a more meaningful and fulfilling life.

Self-compassion clinical exercise



Consider the following:

- Read, review, and process the short document links handouts: 
- ✓ Help clients learn the concept of self-compassion.
- ✓ Increase insight and identify personal barriers to self-compassion.
- ✓ Consider using Defusion, Choice Point Charting, or other creative hopelessness exercises for unhooking from barriers.



Acceptance clinical practice

The Wisdom to Know the Difference & Other Mantras

- The serenity prayer can be used literally or as a secular metaphor for acceptance: *God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.*
- Or, if the client likes, they can choose another acceptance phrase or mantra.
- Process and practice the chosen acceptance phrase when resisting reality for grounding and perspective.

Acceptance Clinical Exercise

Role Playing Acceptance

- Role-playing facilitates practice and rehearsal of new acceptance responses prior to situations occurring.

1. First, integrate engaging scenarios eliciting emotions:

- ✓ Anger – common frustrations at home, work, and daily life.
- ✓ Anxiety – social situations or types of conversations.
- ✓ Experiential moments in session.

2. Then practice:

- ✓ Clients can take on different roles to explore varying perspectives and responses.
- ✓ Practice expressing feelings calmly and assertively, rather than reactively.
- ✓ Repeatedly practice the new acceptance response.
- ✓ The counselor provides feedback to enhance self-awareness, skill building, and confidence.



Acceptance in daily life

Journaling to Overcome Resistance

- Self-reflection through journaling helps clients expand awareness into their triggers and use reality resistant behaviors.
- Discussing and processing these journals in session also helps normalize and remove the power resistant behaviors.
- Example journaling prompts:
 - ✓ Thought/situation
 - ✓ How I avoided it
(control/denial/resistance/blame/suppression/etc.).
 - ✓ What happened in the short term?
 - ✓ What about the long-term?
 - ✓ How could I have practice acceptance?



Contact with the Present

Problems Being Present

- *“Many of us crucify ourselves between two thieves - regret for the past and fear of the future”* - Oursler.
- **Rumination** on the past and future seems like a solution but **disengages from present**.
- **Struggling with the present** turns into sensitivity to pain, boredom, lack of meaning, urges, cravings, and so forth.
- **Substances disengage** from the unwanted present and create pleasurable experiences.
- But **rumination and disengaging creates** suffering, longer-term consequences, and predicts relapse.

Contact with the Present

Contacting the Present Overview

- **Focused, nonjudgemental awareness** of the present.
- Mixture of **conscious awareness and not resisting reality**.
- Allows for **intentionally engaging with experiences** (not reactively).
- Almost synonymous with **mindfulness-based practices**.

Contact with the Present

Re-engaging the Present

- Contacting the present (mindfulness) is **very relevant to substance use and relapse**.
- **The present is what's certain and where we act** on the “wanted” life.
- Mindfulness engages the present by **detaching from the paradox of rumination and worry**.
- Also reinforces **non-judgmental acceptance** of experiences.



Contacting the present clinical exercise

Practicing Being Present

- Using varying content, practices, and situations (easy to challenging):
 - ✓ Formal mindfulness exercises such as mindful breathing and meditation
 - ✓ Informal mindfulness practices, such as eating, drinking, listening, and so forth.
 - ✓ Try Apps like headspace and calm.
 - ✓ Use “contrived” situations and triggers to improve skills.

Mindfulness clinical exercise

Urge Surfing

Try *Urge Surfing* using the following example instructions [Document link to Urge Surfing Exercise with Harris](#)



- This about allowing an emotion or urge to rise, peak and fall, without acting on it or struggling with it; experiencing but taking control of your behavior and focusing your attention on what's important (values).
- Take the candy, place it on your tongue without biting or swallowing, close your mouth, and let it sit.
- The idea is allowing saliva to build and notice the urges to swallow (and/or chew).
- Notice how urges rise, peak, and fall; then rise again, peak again, fall again.
- Try to do this for several minutes without resisting it, turning away from it, or giving in.
- Even if your mouth is full of saliva, you can still breathe through your nose.
- Often as the urge to swallow gets stronger, feelings of anxiety show up; surf those feelings too. Notice how as the urge rises, your anxiety builds; and as the urge drops, you feel a sense of relief.
- You can stop at any point where the urge to swallow is really strong. Raise your hand, and I will ask you to count to ten – and then once you reach ten, to make a choice: either swallow carefully and mindfully– or don't swallow and see what comes next.
- This is NOT a distraction technique! “The idea is that as you count, you keep your attention on the urge.
- Our aim is to learning to observe the wave and noticing the difference between surfing and getting swept away.
- Note - We all swallow on autopilot all day long. So when the exercise begins, you'll probably swallow automatically before you even realize it ...just start again if you like. We are building a skill.



Mindfulness in daily life...

Daily mindfulness practice routine or schedule:

- Much like defusion, integrate mindfulness into daily life.
- Schedule time and set reminders throughout the day to practice, for instance:
 - ✓ Beginning the day and taking period breaks to practice mindfulness.
 - ✓ Use Apps like Headspace and Calm.
 - ✓ Practice mindfulness before any foreseen stressors.
 - ✓ Engage informal mindfulness practices throughout the day, like mindful eating, listening, walking, conversating...just about anything.

Self-as-Context

Problems with Self-Conceptualization

- **The conceptualized-self** is attached rigidly to self-content and concepts
 - ✓ “I’m broken, just an addict, a failure...”
- **A powerful hook** inhibiting change and becoming a self-fulfilling prophecy.
 - ✓ **Impaired awareness** of ongoing processes and experiences, reacting instead of responding to triggers, urges, and cravings.
 - ✓ **Internalizing behaviors and emotions** as attempts escalate to overcontrol problems.

Self-as-Context

Self-as-Context Overview

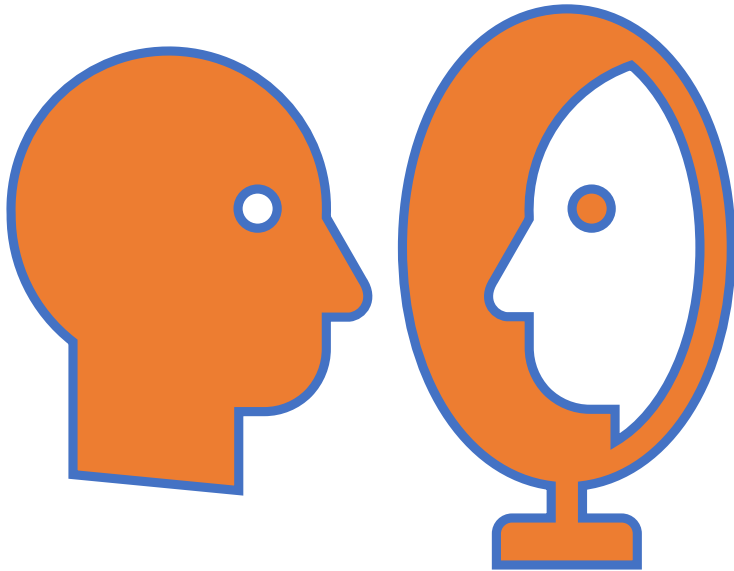
- We are not *what* we experience but *having the* experience.
- **Flexible total awareness** that thoughts, feelings, and experiences don't define us.
- **3-ways of self-relating** are important with substance abuse and addiction:
 1. **Self-as-content**, or self-concepts.
 2. **Self-as-process**, the ongoing awareness of transient experience.
 3. **Self-as-context**, we ultimately conceptualize and create the context.

Self-as-Context

Self and Contextual Awareness

- **Holding our stories lightly.**
- Helps clients with substance abuse and addiction **unhook from rigid stories** about the self and experiences.
- **Improves awareness of internal and external experiences**, promoting intentional and responsive behavior.
- **Expands contextual awareness** and broadens perspective.
- **Reframing self-conceptualizations** as learned judgements as opposed to universal truths.

Self-as-context clinical exercise

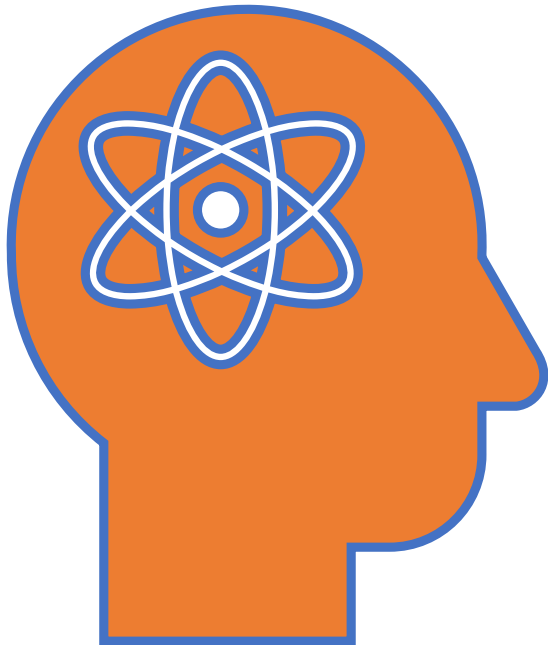


Multiple Perspectives Exercise

- Introduces clients to **differing perspectives** on the past, present, and future.
- It challenges them **to step outside of the conceptualized self**, effectively stretching their perspective to consider other ways of approaching the stories they tell themselves.
- **Review the attached handout** and follow the instructions:



Self-as-context daily exercise



Labeling Thoughts for What They Are

- **Simply recognizing thoughts for what they are...**just thoughts as opposed to facts or “have-to”.
- **This includes thoughts, cravings, and urges to use substances;** detaching from conceptualizations and cravings and putting them into context to reduce the emotional impact or grip.
- **Instructions:**
 1. When noticing thoughts like "I can't handle this," or "I need a drink" label them instead as "I am having the thought (or judgement) that (insert the thought or craving)."
 2. Instead, use "I think/I feel/I judge" statements.
 3. Creating distance from the thought, reducing reactivity to it.
 4. Take it a step further by thanking your mind for the thought, in effect acknowledging and responding in a value neutral if not humorous manner. For instance, when cravings come say "Thank you, mind, for that thought," or "Thanks for the reminder, mind" as opposed to instead of fighting or engaging.

Self-as-context daily exercise



Visualizing the Cravings

- For **changing the relationship to urges** and craving.
- The aim is **reconceptualizing cravings into something observed (responded to)** rather than something that is controlling (reacting to).
- **Instructions:**
 - ✓ When experiencing a craving, visualize it as a mental image
 - ✓ Common examples are waves, storm clouds, or balloon floating away.
 - ✓ Focus on this image, observing its motion, how it moves, and ultimately how it changes.
 - ✓ Realize that this image, like cravings, are temporary and will pass.

Values

Disengaged from Values

- Substance abuse and addiction creates **values disengagement**.
 - ✓ Includes **incongruence, avoidance, conflict, and disconnect**.
 - ✓ **Neglected values** can be sources of pain as disengagement grows.
 - ✓ **Values clarity** suffers.
- **Behavioral discrepancies** emerge.
- **The motive** is “avoiding” life as opposed to living the “wanted” life.

Values

Values Overview

- What is the guiding principle: “**avoiding**” life or values-laden “**wanted**” life?
- Values are the “**compass**” for the life we want and person we want to be.
 - ✓ They are **what matters most** and gives purpose/**meaning**
 - ✓ Guide and **motivate decisions** and attitudes.
 - ✓ Includes **how we treat others and ourselves**.

Values

Re-engaging Values

- Engaging values is a **compass for navigating substance treatment, recovery, and relapse.**
- **Identifying and aligning** with what brings meaning and purpose.
- **Framing workability** and pointing out behavioral discrepancies.
- Values are **motivators for change**, especially intrinsically.
- Helping to **re-center after relapse** occurs.

Values clinical exercise



Formal values assessments

- A way to explore and expand on client values is through the use of instruments:

✓ ***Valued Living Questionnaire:***



✓ ***Values sort exercises,*** such as:




- ✓ Similarly, the ***High-Risk Situation Cards*** help identify values incongruence or what contributes to neglecting values:



Values in daily life



Valued Domains of Living Exercise

- Clients are provided a list of life domains, complete with questions that facilitate exploration of their personal values.
- In addressing these questions, clients reflect on how they contact and engage their values within these domains..
- For the exercise:
 1. Provide clients with the handout: 
 2. Ask clients to review, reflect, and sit with the domains/questions.
 3. This can be done as homework or within session.
 4. When engaging the exercise, clients can meditate on the questions, use them as journal prompts, or discuss within sessions.

Committed Action

Problems being Purposeful

- Substance abuse and addiction **impedes intentional actions** towards the “wanted life.”
- Depending on severity, **committed action may cease** altogether.
- **Avoiding committed action and pain** may have precipitated the substance abuse or addiction.
- Committed action and change do **bring about discomfort**, stress, and ambiguity.

Committed Action

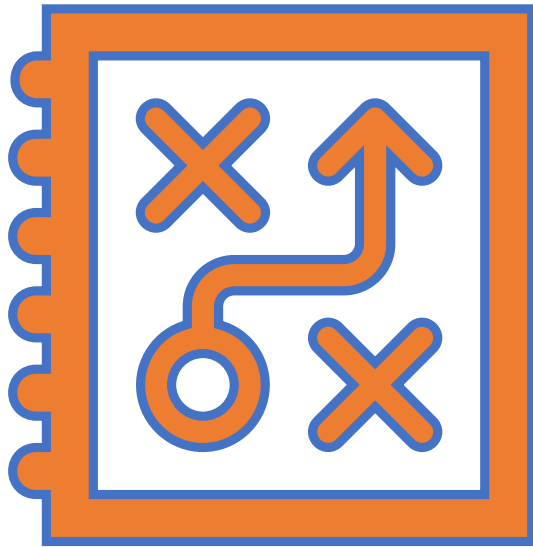
Committed Action Overview

- Purposeful, committed **action toward values** (even when difficult).
 1. Begin setting meaningful, **values-based goals** (the “wanted” life).
 2. Then **ongoing conscious commitment**:
 - ✓ **Behavioral actions** that are purposeful, observable, and workable.
 - ✓ **Understanding barriers**, including our own mind.
 - ✓ **Cognitive flexibility** helps to navigate barriers.

Committed Action


Living with Intentionality

- **Deliberately doing something now** (not later).
- **Behavioral activation of sorts**, initiating the dopamine loop and creating opportunities to experience accomplishment.
 - ✓ Encourages clients with substance abuse and addiction to remain busy and committed.
 - ✓ The **hope and progress made** stands to change the course of the client's life.
- **Relapses** are met with conscious and purposeful commitment to adapt behavior and continue treatment.



Committed action clinical exercise


Valued Action Planner

- This exercise is about identifying *and* describing the life you want to live
- This according to what is meaningful (personal values).
- Planning is just the beginning though, as this exercise is also for taking action.
- Complete the attached document: 

Committed action clinical exercise



Relapse Planning

- Don't forget the relapse planning, too.
- Think of relapse planning as akin to safety planning (in crisis).
- Ensure the plan that is congruent with the ACT treatment.
- Attached is an example plan: 

ACTing Toward Behavioral Change

Links to additional intervention/techniques

- *ACBS website and resources section:* <https://contextualscience.org/resources>
- *ACBS resources for clinicians section:*
[https://contextualscience.org/resources clinicians](https://contextualscience.org/resources_clinicians)
- *ACT Made Simple Extras (updated version):* [Link to document](#)
- *ACT Free resources:* [Link to webpage](#)

Let's revisit this quote from earlier...


“We don't choose to be addicted; what we choose to do is deny our pain.”

– *Unknown*

The background of the slide is a teal color with a repeating pattern of speech bubbles in various colors (yellow, orange, pink, purple, grey) and sizes. Each speech bubble contains a dark blue question mark.

Wrap up & Q&A

Questions, thoughts, comments, loose ends, etc?



Thank you!

Thank you again for the
gift of your time

Please do not hesitate to reach out.

Workshop Resources

Again, presentation and additional materials from this workshop are available using the QR code (Google Docs link):





References

A database of resources, be that used or in addition to what is referenced within this presentation.

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