IMPACT

An MI/ACT Trans-Diagnostic Manual for Substance use and Co-occurring problems

Updated April 2018

"I am here now, accepting the way I feel and allowing my thoughts while committing to what I care about." – DJ Moran

Acknowledgements

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Distribution

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The Struggle

"The Struggle is the feeling of being in a leash
hating everyone but you only want world peace.
Some won't understand; I hope you can capiche.
Been detained plenty of time due to trees,
felt like I was praying for more time of life,
but on my knees screaming
"Ohh Lord can you please?"
Had the homies hunting for cheese;
Got the other shooting up them 3's,
but everyone trying to be fresh like fabreeze.
And I'm like a caged up bird with others slanging keys.
"War it never changes," it's what they say
but that ain't life if you still live up to this day.
So know you can change; you just have to play
but just know…
be ready to be hurt along the way."
– *(impACT client)*

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Introduction

Purpose of this manual

The purpose of this manual is to serve as a general guide for treatment. We encourage therapists to be creative and flexible. Ultimately, they should rely on their training to develop effective interventions for their clients as long as these interventions are consistent with Motivational Interviewing (MI) and Acceptance Commitment Therapy (ACT) principles. We not only encourage creativity, but want therapists to share their great ideas with everyone using MI/ACT principles. The metaphors and exercises provided in this manual are only examples. We invite therapists to use them or to make up their own.

General MI/ACT Principles

We encourage therapists to study and receive training in MI and ACT before implementing this treatment. For information about MI, we recommend Motivational Interviewing: Helping People Change, 3rd Edition by Miller and Rollick and www.motivationalinterviewing.org. For information about ACT, we recommend Acceptance and Commitment Therapy: The Process and Proactive of Mindful Change, 2nd edition by Hayes et al. and www.contextualscience.org. To get up to speed quickly, therapists may consider starting with ACT Made Simple by Russ Harris.

This manual also is rooted in the ACT Matrix approach as described in The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff. We strongly encourage therapists to receive regular feedback from audio-recordings of their sessions.

ACT does not directly aim to get rid of symptoms but to help people develop the psychological flexibility to do what's important to them. For many people, psychological flexibility requires the ability to observe thoughts and feelings so that they can take mindful action toward what's important. Below is a graphical illustration (titled "Graphic of Theoretical Model") of the model (Hayes et al., 2011). Below is a description of various ACT-related terms used in the Graphic below.

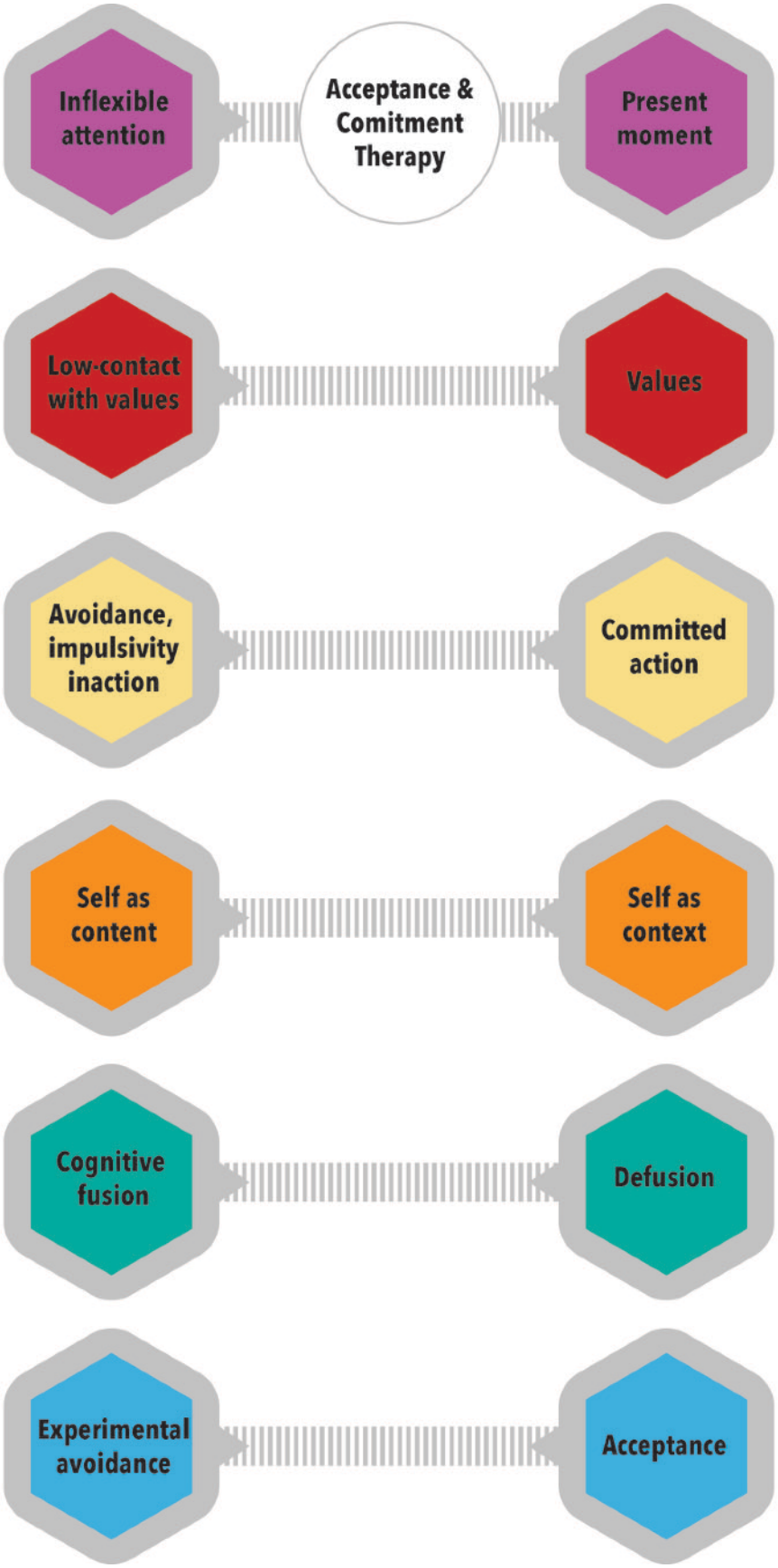
Cognitive fusion refers to having thoughts and feelings with little awareness that one is having them. Many times, this fusion involves taking action based on these thoughts and feelings. Cognitive defusion refers to process of having awareness of one's thoughts and feelings and choosing to action that is based on one's values.

Experiential avoidance refers to avoiding uncomfortable thoughts or feelings, frequently through actions that lead individuals away from doing what is really important to them. On the other hand, acceptance refers to having uncomfortable thoughts and feelings willingly.

Self-as-content refers to the stories, thoughts and words that people have about themselves. Self-as context refers to the observing self that is aware of these stories, thoughts and words.

Values are the concepts or principles that are important to an individual. Values are distinct from goals, which tend to be specific and time-limited.

Theoretical model



Specific components of impACT

1. **Comprehensive assessment:** An experienced clinician completes a comprehensive evaluation for medical, psychiatric and substance needs. We typically recommend a brief session of Motivational Interviewing before this comprehensive intake. Even in an initial MI session, therapists should try to use reflections and avoid the question/answer trap. Frequently, this initial MI session will yield most of the information needed to inform the comprehensive intake. If not, therapists can ask permission to make further inquiries.

2. **Individual — not group — MI and ACT**

3. **Family sessions using ACT**

4. **Contingency management:** We recommend the Motivational Incentives to Enhance Drug Abuse Recovery (MIEDAR) approach as outlined by Petry et al., 2002. As adapted to adolescent substance treatment, this protocol rewards session attendance and negative urine drug screens. Clients receive one drawing from a fishbowl of tickets for showing up to each treatment session, and one escalating draw for each consecutive, point-of-care, negative urine drug screen. The fishbowl should contain 500 tickets with 250 saying "GR8" (or some other encouraging emoji), 209 labeled "Small," 40 labeled "Medium," and one labeled "Jumbo."

   Clients should receive an automatic "medium prize" for the first time they qualify to draw (in addition to what they draw) and an automatic medium prize the first time they have two consecutive negative urine drug screens. Clinics can use an actual cabinet displaying all prizes or award "clincards" (see www.greenphire.com) that are loaded with cash prizes. For simplicity and tracking, we recommend using the clincards. Small prizes are typically valued at $5 (USD); Medium prizes at $20; and Jumbo prizes at $100. Payout amounts may vary depending on funding. A list of sample tickets is included at the end of this manual. Therapists simply have to print (ideally in color), laminate (optional), cut and place into an opaque container.

5. **Integrated psychiatric and substance treatment:** We recommend using therapy and medications to treat co-occurring psychiatric and substance use disorders.

6. **Medication-assisted treatment:** Medications should be prescribed and monitored as indicated.

7. **Initial training and ongoing feedback.** We recommend an initial training in this treatment modality (a suggested training curriculum is included in this manual). We also recommend weekly, internal team meetings where cases are discussed to promote teamwork and provide mutual support. Additionally, a supervisor or peer should provide coaching and assessments that include specific feedback at least monthly (Therapist Feedback Forms are included in the manual's Assessments section). Using audio-recorded sessions is necessary to help therapists hone MI and ACT skills. Assessments are completed after listening to 20 minutes.

   Therapists should let their peer or supervisor know which 20 minutes of a recording to review and whether to use the MI or ACT Feedback Form when conducting the assessment. For research purposes, experienced, master's-level clinicians are hired and trained in an initial, two-day course (see the Training section in the manual) that includes review of an audio-recorded case scored with the appropriate Therapist Feedback Form. Therapists are certified when they consistently achieve all scores in the "Sometimes" or "Often" range. In research studies, ongoing feedback using randomly selected audio-recorded sessions is recommended for all clinicians at least monthly.

8. **Case management:** Therapists should maintain a reasonable caseload so they have time for case management and coordination of care.

9. **Ongoing assessment:** We recommend therapists use the progress scale of the Valuing Questionnaire (Smout et al., 2014) and a seven-day Timeline Follow Back Interview at the beginning of each session. These assessments are used to guide treatment and let therapists know if it is working, or if adjustments need to be made. At the end of a session, we recommend administering the Session Helpfulness Scale. Therapists should discuss the results with their clients and make changes as necessary.

General Session Structure

Sessions are weekly and typically last 45-60 minutes for 12 weeks. They can be divided between individual and family sessions, depending on the case formulation and patient/family preferences. Family sessions can be held first in the series or in the middle or at the end — again depending on formulation and preference. We avoid sessions mixing individual and family work because it is difficult to address topics in depth when sessions are divided in this manner. Sometimes two or more sessions are conducted in a week to address urgent situations. Sessions typically are divided into thirds.. After completion of the initial 12 sessions, clients frequently return for booster sessions at regular intervals.

1. We begin sessions by asking permission to give clients the progress scale of the Valuing Questionnaire (Smout et al., 2014) and 7-day TLFB (both are in the Assessments section of this manual). These questionnaires help focus the session's check-in portion. Check-in is kept brief so there is time for new material and also because ACT therapists generally try to keep sessions focused on the "here and now," rather than the "there and then." Therapists then ask about the home practice. If clients do not meet their goals, therapists can provide affirmations around effort and honesty. Then they help clients problem-solve.

   Frequently, problem-solving involves helping youth have smaller goals, different goals or skills needed to accomplish the selected goals. For example, smaller goals related to sobriety might be noticing and naming thoughts and feelings that precede cravings to use substances, or telling a trusted person about his or her cravings to use. Therapists also may choose to back up and elicit more change talk related to the goal: "What goal was important to you as you chose not to smoke this week?" or "Why was that goal important?" When clients accomplish their goals, therapists should ask questions to elicit change talk: "What was it like to not to smoke for a week?" or "What's it like to tell me that you're clean this week?" or "What is it like to tell me you have a negative

I've been absolutely terrified every moment of my life - and I've never let it keep me from doing a single thing I wanted to do. – Georgia O'Keeffe

urine drug screen this week?" or "What was it like to have more peace (or trust) with your parents?"

2. Next, we sometimes introduce a "Present-Moment Focus Exercise." We provide examples in this introductory section. However, therapists are encouraged to be creative. They should ask permission to conduct a mindfulness exercise and allow clients to keep their eyes open or closed.

3. The middle part of the session focuses on introducing and practicing new material as it pertains to the client's need. In general, we encourage hands-on, experiential exercises.

4. Sessions typically end with an agreement about next week's home practice and values-based activities. We also recommend obtaining session feedback from clients using the Session Helpfulness Scale (included in the Assessment section of this manual). It is important to review and discuss this scale with clients to get feedback. Such feedback may decrease the risk that a client drops out of treatment prematurely (Miller, 2005).

Case Presentation

Therapists should complete the Initial Case Presentation Worksheet to have a working formulation that guides their interventions. For team meetings, we suggest using the Initial Case Presentation Worksheet and Follow-up Case Presentation Worksheets to help ensure presentations are focused and brief.

"Do one thing every day that scares you."
– Eleanor Roosevelt

Initial Case Presentation Worksheet

Adapted from Advanced ACT Training with Russ Harris

Age, gender, ID #:

Referral source:

What the client describes as the main problem:

What the client wants from therapy:

Emotional goals:

Behavioral goals:

External barriers to treatment (examples: legal, financial, transportation):

Experiential avoidance (private experiences such as urges, thoughts and feelings that are being avoided):

Unworkable action (What is the client doing to make life worse? Which important and meaningful actions and people is the client avoiding?):

Initial Case Presentation Worksheet

Adapted from Advanced ACT Training with Russ Harris

Fusion (Rumination, worry, blaming, self-deception and self-judgment, reason-giving, rules, judgments):

Loss of contact with the present moment (examples: distractability, disengagement, disconnection, dissociation):

Values:

Goals:

Need for skills training:

Resources:

Therapist personal barriers (e.g. difficult thoughts and feelings related to this client):

Brainstorm (Which exercises, metaphors, worksheets, strategies should be used next session?)

How the team can be helpful:

Follow-up Presentation Worksheet

Adapted from Advanced ACT Training with Russ Harris

Age, gender, ID#:

Client goals:

Brief ACT formulation (present-moment focus, experiential avoidance, fusion, self-as-context, values, committed action):

Brief summary of treatment course:

Brainstorm (Which exercises, metaphors, strategies should be used next session?)

How the team can be helpful:

Resistance from an ACT perspective

Many adolescents in substance treatment are in the pre-contemplative stage of change. The table below outlines common issues of treatment resistance from an ACT perspective and how to respond to them. "Treatment mismatch" refers to a lack of alignment between what the client wants and what the therapist has to offer. "Treatment discord" refers to clients who are mandated, coerced, or who have a bias against some characteristic of the therapist. It also refers to a lack of therapist empathy or understanding. "Fusion" refers to client mental chatter about why change is not possible. "Excessive goals" refer to when goals exceed available resources. "Remoteness of values" can happen when clients are not in touch with their values, or when they give values they think they are supposed to instead of what they truly believe.

Issue	Response
Treatment mismatch	Informed consent
Treatment discord	Embody MI/ACT
Reinforcing consequence	Discuss pros/cons, MI
Fusion	Defusion
Excessive goals	Realistic goals
Avoidance of discomfort	Acceptance skills
Remoteness from values	Values construction

Trauma-informed care

Many adolescents in substance treatment have a significant history of trauma. ACT has been studied in the treatment of psychological trauma. During substance treatment, our general approach is to provide trauma-informed care (for example, respecting client autonomy, being aware of triggers for our clients and ourselves) and to treat symptoms of trauma (with grounding exercises, present-moment focus, acceptance, defusion). In general, we do not delve into the details of trauma and trauma narratives until clients have sufficient coping and sobriety to handle such work. This work typically occurs well after the initial 12 sessions of substance treatment.

Working with coerced clients

Source: Advanced ACT Training by Russ Harris

1. Normalize the experience of being coerced, and ask what it is like for the client: "I don't like people telling me what to do. What's it like for people to tell you to come here?"

2. Validate the client's experience.

3. Therapists declare their values: "My aim is to help you have a better life."

4. Find a shared aim: "What can we work on together that would be useful to you?"

"It's MI when there is a conversation about change in which you are (1) using empathetic listening to understand the person's own perspective and to engage in a collaborative relationship, (2) have a clear focus in the form of one or more change goals, and (3) are actively evoking the person's own motivations for change. Planning may or may not ensue but tends to flow naturally from evoking." – William Miller and Stephen Rollnick, Motivational Interviewing: Helping People Change

5. Optional: The Free Will Switch Metaphor. "Imagine we have two buttons here. One is Free Will Off and the other is Free Will On. As long as the Free Will Off button is pressed, you are here only for other people. Pressing that button is painful, and the only benefit from it is to get people off your back temporarily. When you press the Free Will On switch, you and I are working as a team addressing what you want to work on. Other people may think you're here for them, but they're wrong because you're here for you. Which button would you like to press now?" If clients press Free Will On, therapists can proceed as usual. If clients press Free Will Off, a helpful response is to provide empathy and continue the session, asking clients to pay attention to how difficult the session is.

Where to start in the manual?

ACT is non-linear in that treatment does not follow a prescribed path. Therapists might need to begin at any point in the ACT "Hexaflex" and move to other parts as appropriate. So therapists should start wherever makes the most sense. In most cases, therapists start with motivational interviewing and move on after the MI process of engagement, focusing and evoking are moving along. When therapists start using the ACT modules, they typically start with values work, especially when clients seem to have low motivation. When clients have dysregulation, present-moment focus is a good place to start. When experiential avoidance is prominent, it may be helpful to front-load creative hopelessness. Finally, clients who have experienced significant grief and loss may benefit from starting with self-compassion work. Most sessions include different parts of the "Hexaflex". We present the sessions in the order that generally seems to make the most sense.

Present-moment focus

Present-moment focus is an important part of ACT. Therapists are encouraged to keep conversations in the here and now as much as possible. We frequently stop and ask clients which thoughts and feelings they are having at that moment and where they feel those thoughts and feelings. We also use appropriate self-disclosure to provide clients with examples.

Clients frequently arrive to session distracted or with emotional dysregulation. Beginning sessions with a centering activity may help clients and therapists be more focused. For this reason, we frequently start sessions with a centering activity. We encourage therapists to maintain present-moment focus as much as possible so they can notice their clients' own metaphors and create metaphors and exercises tailored to the client.

These are some present-moment exercises we find helpful:

Informal questions: Therapists can encourage present-moment focus in every session with informal questions such as, "What is your mind saying?" and "Where do you feel that in your body?"

Body scan: Here is a sample script for a basic body scan. "I invite you to sit or lie down comfortably. Most people close their eyes so they can tune into what their body is saying. However, some prefer to keep their eyes open. First, notice your feet. What do your socks feel like? What do your shoes feel like? Notice the temperature, size and shape of your feet. Notice any tension, pain or itch. Next notice your legs. What does your clothing feel like? Again, notice the temperature, air current, any tension, pain or itch. Move up through your core and abdomen. Notice your clothing, temperature, pressure, tension, or pain. What emotions do you feel in this area, if any? What do those emotions feel like? Next, move up through your chest. What do you notice in your chest? Notice any tension, pain, or possibly nothingness there. Next, I invite you to move up through your arms and hands. Again, notice any size, shape, weight, temperature, pain, or

tension there. Finally, move up through your neck, head and scalp. Notice what's there, including any sounds, tastes and smells. Now, I invite you to take three deep breaths and to come back to the room."

Breathing exercise: Therapists can show their clients basic breathing or meditation techniques. A simple one is belly breathing. Here is a sample script: "We are practicing being in the present for the reasons we explained. One exercise for this is belly breathing or basic meditation.

So, first, make yourself comfortable. Then close your eyes, and put one hand on your belly and another on your chest. Next, inhale deeply, making your belly hand move out first and your chest hand second. In this way, you fill the bottom of the barrel first. Now, exhale deeply. Then inhale deeply, expanding your belly hand and then your chest hand, and exhale deeply. Continue doing this for a few minutes. If your thoughts take you away from your breathing, that's okay; gently set those thoughts aside, and come back to your breathing. PAUSE HERE FOR ONE MINUTE. Inhale deeply, filling the bottom of the barrel, and exhale. PAUSE. Now, take one more deep breath, and come to slowly."

Therapists can help their clients discuss how the exercise was for their clients. Therapists and clients may decide to do this as homework for either a set amount of time (5-10 minutes) or for 10 breaths.

Blowing bubbles (Adapted from ACT for Adolescents by Turrell and Bell): In this exercise, therapists ask clients to blow bubbles. Clients pick a bubble and watch it from beginning to end. Therapists encourage clients to notice everything they can about the bubble, including its size, shape, color, sound (as it pops) and feeling (if it pops on them).

Feeling wheel: Therapists can use an online Feeling Wheel handout to help clients understand and name their feelings. Therapists may want to repeat this exercise throughout treatment, depending on the case conceptualization. This exercise may be especially helpful for clients who have difficulty identifying emotions.

Five things exercise: Therapists can ask clients to name five things they see, hear and feel.

Grounding. Place your feet on the ground. (Shoes on or off) Notice how your feet feel on the ground. Grounding allows people to bring the body and mind back into the present moment. Therapists can invite clients to use a tennis ball (or any other object), rolling it around in their hand as they paying attention to temperature, moisture, texture, and pressure.

Noticing your hand (Source: Advanced ACT Training, Russ Harris): In this simple exercise, therapists help clients study their hand.

"Start with one hand palm up. Draw a line in your head around your hand. Notice the creases. Notice the different colors. Bend your fingers all the way back, and notice how the color changes and what that feels like. Study your fingerprint, and notice how the fingerprint actually goes all the way down your finger. Notice your thoughts as you study your hand. Now turn your hand sideways as if you are going to karate chop something. Notice how the skin on your palm and the back of your hand is different. Notice the ridge where the skin changes, and run your finger along that ridge to feel the difference.

"Now look at the back of your hand. Notice the veins and the skin and any hair on the back of your hand. Make a fist tightly, and notice how the color of the skin changes as you make a fist and relax your fist. Do this a few times. Notice your fingernails and how they change color and how they attach to your fingers. Study the lines. Now gently come back to awareness and notice your thoughts during that exercise. Notice how your

relationship with your hand changed during that exercise."

Sitting with an urge/emotion exercise: During session, therapists can ask clients, "Is it okay if we take a few deep breaths and sit with the emotions and thoughts you just told me about?" Therapists can follow up with the physical and emotional feelings the client experienced. Therapists may want to use this exercise at various times during treatment.

These two mindfulness exercises promote self-compassion among clients:

Younger you (Adapted from ACT for Adolescents by Turrell and Bell). "I invite you to take some deep breaths and close your eyes. Imagine yourself as a young child. What do you look like? Which thoughts and emotions does this child have? What do you notice in yourself as you imagine this child? Now I invite you to approach this child and look at him/her/they in the eyes and communicate, 'I understand.' How does this child respond? What is it like now to interact with yourself at a younger age? What do you want to say to this person? Now, I invite you to give this child a hug and to keep communicating 'I understand.' Again, what do you experience now as you do this? Now I invite you to take this child by the hand and go for a walk. Notice where you walk and what you communicate to each other. Now, invite the child to step into your adult life and adult body. Notice what that feels like and where you feel it. When you're ready, you may take a few deep breaths and come to."

Older you (Adapted from ACT for Adolescents by Turrell and Bell). "I invite you to take some deep breaths and close your eyes. Imagine yourself at an older age. Imagine your appearance. Approach this person and imagine that he/she/they looks at you in the eyes and communicates, "I understand what you are going through." Imagine this person gives you some gentle, loving advice or words you want to hear. He/she/they gives you a hug. What do you notice now as you embrace, and where do you notice it in your body? Now I invite you to give this person a "See you later." What's that like? Now, I invite you to take a few deep breaths and come to whenever you are ready."

Integrating MI and ACT

MI and ACT share a similar assumption that clients are the experts in their lives and that therapists should evoke this expertise. To integrate MI and ACT, we first use motivational interviewing to engage, focus and evoke. When therapists believe clients have sufficient change-talk for action, they switch to ACT. While doing ACT, therapists retain the spirit of MI, asking permission to discuss certain topics and to conduct certain exercises. Therapists also frequently emphasize clients' autonomy with statements such as, "It's completely up to you," and "Please correct me if I'm wrong."

When clients express more sustain-talk during treatment, therapists go back to motivational interviewing. When change-talk reappears, therapists refocus on conducting ACT.

"We will be known forever by the tracks we leave."
- Native American Proverb

INDIVIDUAL SESSIONS

Individual Core Topic 1: Motivational Interviewing and Therapy Frame

"The spirit of MI starts from the strengths-focused premise that people already have within them much of what they need, and the therapist's job is to evoke it, to call it forth. The implicit message is, 'You have what you need, and together we will find it.'" – William Miller and Stephen Rollnick, Motivational Interviewing: Helping People Change

Therapists should begin with Core Topic No. 1, which usually lasts 1 or 2 sessions, but can last longer if youth are slow to engage or need additional supports before proceeding with treatment. We recommend therapists conduct this session even before completing the intake form. If the intake form absolutely needs to be completed at the first session, therapists can start with motivational interviewing for a portion of the session, ask permission to complete the forms, and spend the remainder of the session on the necessary forms. Of note, clients who have resolved their ambivalence and are ready for change should not receive more motivational interviewing but should proceed directly to other core topics.

Goals

1. Engage, focus and evoke
2. Review the therapy frame (when, what, where, cost, confidentiality, informed consent).
3. Discuss potential barriers to treatment (cost, housing, insurance, legal issues, motivation, transportation).
4. Provide a menu of reasonable options.
5. Write a motivational interviewing letter. (optional)

Motivational interviewing

Therapists use these skills to engage and focus clients. For review:

Motivational Interviewing Spirit:

1. Partnership
2. Acceptance
3. Collaboration
4. Evocation

Motivational Interviewing Skills (OARS):

1. Open-ended questions
2. Affirmations
3. Reflections
4. Summarization

Strategies for Evoking Change-Talk (IQLEDGE):

1. Important/confidence
2. querying extremes
3. Looking back/forward
4. Evocative questions
5. Decisional balance
6. Goals and Values
7. Elaborating

Types of change-talk to elicit: Desire, Ability, Reason, Need, Commitment, Activation, Taking steps (DARNCAT). Early in treatment, therapists tend to focus on DARN. When change-talk increases and sustain-talk is minimal, therapists

may emphasize CAT and then planning (see below).

Processes

From: Motivational Interviewing: Helping People Change 3rd edition by Miller and Rollnick

1. Engaging is about "Shall we travel together?" How well do therapists understand and convey their understanding?
2. Focusing asks "Where to?" Is there a clear focus?
3. Evoking is about "Whether" and "Why." Why do clients want to change? How is their confidence in being able to change?
4. Planning is about "How" and "When." How and when will clients make their change?

Generally, therapists should avoid moving to other modules until therapy reaches the planning process.

General Tips for Engagement

From: Motivational Interviewing with Adolescents and Young Adults by Naar-King and Suarez

1. Match the teen's affect. Be cautious not to be too intense or too cheery because this can alienate clients.
2. Avoid using in your reflections second person pronouns, "you" and "your." Frame a reflection in the third person. Reflections such as, "Young people often feel confused about why they have to come here," are less likely to be perceived as blaming and derogatory.

Giving Advice

Motivational interviewing recommends using the Elicit-Provide-Elicit model. It is easy to overestimate how much information and advice clients need. It is generally unhelpful to give people advice they already know or information they already have. To avoid the "expert trap," use the Elicit-Provide-Elicit model. Elicit permission to give advice. Provide the advice. Then elicit client feedback.

Therapy Frame

Therapists should discuss the details of therapy, including when and where to meet. Clients should know about limits of confidentiality and how much therapy will cost. Therapists also should discuss informed consent.

Here is a sample script to start intakes from an MI perspective (From: Motivational Interviewing with Adolescents and Young Adults by Naar-King and Suarez):

"Our time today may be different than with other people who might have talked to you. I am here to find out what is going on in your life and to help you make the changes you decide to make. I can help you explore what's going on and how you decide you want to handle it."

"Life is to be lived, not controlled; and humanity is won by continuing to play in face of certain defeat."
— Ralph Ellison, Invisible Man

Discuss potential barriers to treatment

This is where therapists problem-solve potential barriers to treatment. Sometimes, clients have financial, housing, legal, medical, transportation and other issues preventing them from moving forward with treatment. Therapists should help their clients access resources so therapy can proceed.

After engaging, focusing and evoking

Therapists may seek permission from clients to discuss a menu of therapeutic options. They can use the "bubble technique," during which they draw bubbles on a white board or sheet of paper. Inside the bubbles are various options clients may choose for treatment. Ideally, therapists leave an empty bubble for other options clients may have. The impACT approach described in this manual may be included in a bubble in addition to other reasonable options. If clients choose impACT, they also may be given the choice of family involvement early or in the middle of treatment.

Write a motivational interviewing letter (optional).

Writing an encouraging and personalized letter after the first session can help with client engagement. First, ask clients for permission to write a letter if things occur to you between sessions that might be helpful to them. Here is a sample script after the first engagement session

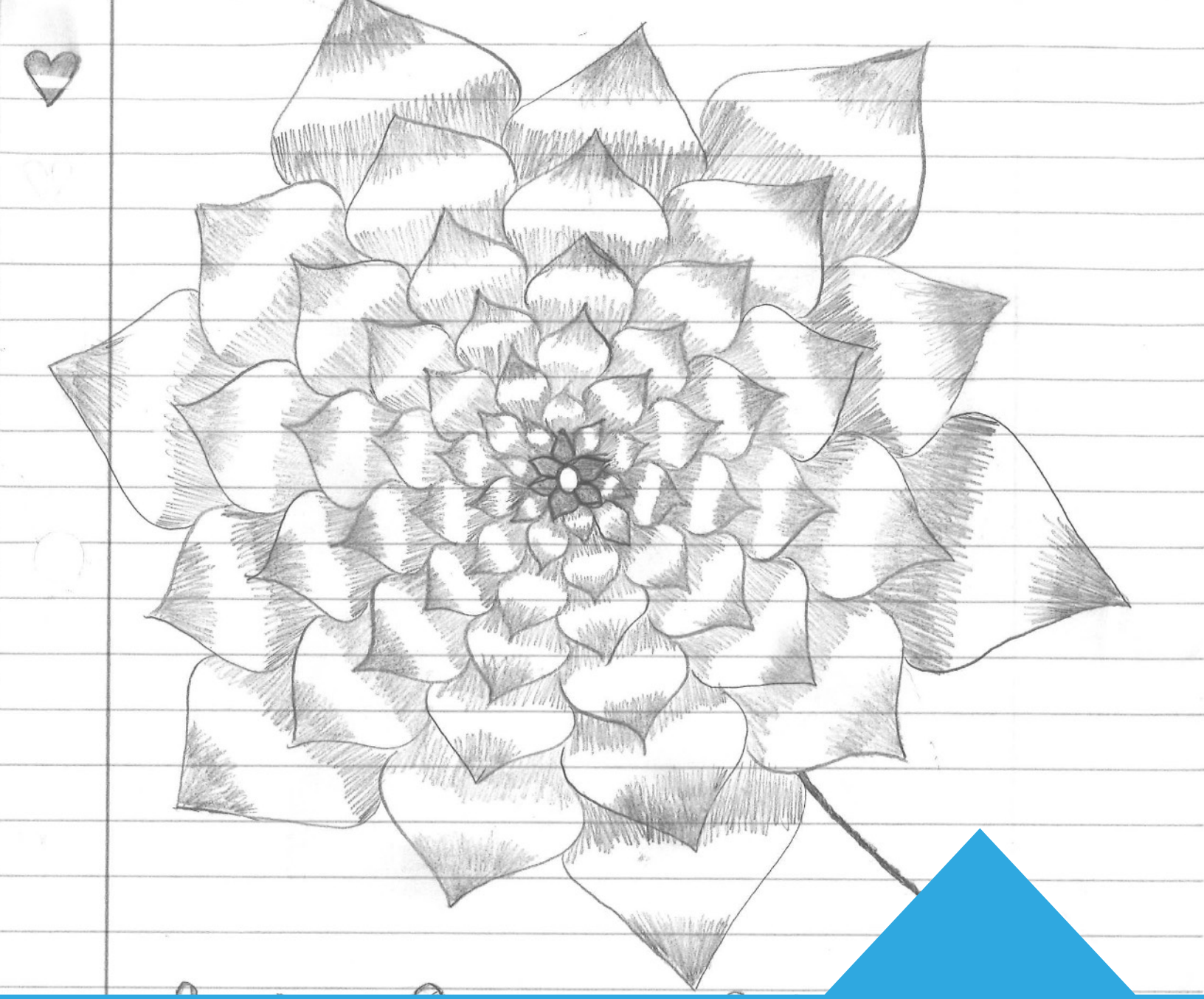
From: Project MATCH motivational interviewing manual: http://www.motivationalinterviewing.org/sites/default/files/MATCH.pdf

"Dear Susie. This is just a note to say I'm glad you came in today. I agree with you that there are some serious concerns to deal with, and I appreciate how open and honest you were about them. You are already seeing some ways in which you might make healthy changes, and I look forward to helping with those changes. I look forward to seeing you again on Monday the 19th at 4pm. Sincerely, Julia"

Here is a good way to structure an intake or first session to maximize motivational interviewing interventions:

1. Meet as a family to make sure we understand the reason for the visit.
2. Discuss confidentiality as a family to make sure everyone understands how it will be honored. (Bear in mind that parents may not know a therapist will not inform them of relapses.)
3. Meet with the adolescent for the above MI session.
4. Ask the adolescent what is okay and not okay to share with the family.
5. Meet with the family to provide a brief summary. Invite the family to share clarifications and additional information.
6. Discuss the assessment and recommendations.

The mystery of life is not a problem to be solved, but a reality to be experienced. – Zen Saying



INDIVIDUAL SESSIONS

Individual Core Topic 2: Beginning to conduct ACT

"I do not believe that sheer suffering teaches. If suffering alone taught, all the world would be wise, since everyone suffers. To suffering must be added mourning, understanding, patience, love, openness and the willingness to remain vulnerable." – Anne Morrow Lindbergh

This session usually happens toward the beginning of treatment because it guides further interventions. To adapt this session to concrete thinkers, therapists can use simple language to describe each part of the matrix. For example, the bottom right is: "Who and what is important?" The bottom left can be: "Yucky stuff." The top left can be: "Stuff I do to get rid of yucky stuff." The top right becomes: "Stuff I do that I care about." The session can also be divided into two sessions that are 20-30 minutes long.

Goals

1. To provide ACT informed consent.
2. To work the ACT matrix (Polk and Schoendorff, 206)

To provide ACT-informed consent.

Ask clients if you can tell them a little more about the type of therapy being practiced. Then use the ACT Informed Consent Handout below to set the frame for ACT work. Providing informed consent is important to set the frame for the rest of therapeutic work therapist and client complete together.

Introduce the ACT matrix.

In this session, begin to use various ACT interventions, guided by the matrix tool. To adapt this tool to adolescents in substance treatment, consider the following:

1. Ask permission to do a drawing exercise that "helps me understand you and how to help you better."
2. Draw the matrix as illustrated below.
3. Ask clients to write who and what is important to them in the bottom right. When it comes to "Who," teens may sometimes leave out people (such as parents) with whom they are angry. In this case, therapists can ask teens if they would still be angry if these people didn't matter. If teens report people matter even if they are angry with them, they can include these people in this category. When it comes to what is important, teens may need therapists to provide examples. Important themes may include autonomy, competence and connection. If clients do not write their own name, therapists can ask clients if they matter to themselves. An effective technique throughout this exercise can be for therapists to share appropriate parts of their own matrix as it relates to the present work. For example, therapists may share, "What's important to me in this session is to understand you better and to be helpful."
4. Ask clients to write on the bottom left inner experiences, such as feelings and thoughts, that they would like to get rid of. Therapists may need to provide examples, such as anger, anxiety, depression and stress. They also may need to provide examples of thoughts, such as, "I'm not good enough," or "People won't like me." Therapists should start modeling ACT language by saying something like, "Our mind machines sometimes give us thoughts we'd rather not have, such as,…" and "Our bodies sometimes give us feelings we may not want to have, such as,…" Again, therapists can share appropriate parts of their own matrix, such as, "Whenever, I start working with a new client, my mind tells me the client won't like me."

5. On the top left, therapists ask clients to give examples of things they do to get rid of unwanted inner experiences. Therapists should make it clear they are referring to specific actions by saying something like, "If I followed you around with a video camera, what would I see?" Common examples might include: arguing, cutting, fighting, isolating, oversleeping, substance use, texting, using social media and watching TV. Appropriate self-disclosure in this quadrant might include, "When my mind tells me my client won't like me, I sometimes get more intellectual with what I'm talking about." The DOTSS acronym from Russ Harris's ACT Made Simple can be adapted to categorize responses into: Distraction (examples: excessive video games, text messaging, social media), Opting out (examples: oversleeping, ditching school, missing appointments), Time travel (examples: daydreaming, focusing on the past of future), Self-harm (examples: risky sex, cutting, overeating) and Substance use (examples: alcohol, marijuana, tobacco). Once the DOTSS acronym is introduced, therapists can refer to it throughout treatment: "Am I doing DOTSS right now?" or "Are you/we doing DOTSS right now?"

6. On the top right, therapists ask clients what they do that moves them closer to whom or what matters to them. Therapists can say, "If I followed you around with a video camera, what would I see when you are moving toward what's important to you." Therapists should be prepared that some clients will say that drug use is a move toward what's important to them. In this exercise, it is important to accept what clients bring. Appropriate self-disclosure might include, "I pay attention and listen extra carefully."

7. Toward the end of the exercise, therapists should leave an opening in the center of the matrix where they write the client's name so they can ask, "Who is observing these parts of your life right now?" and "What's it like to observe yourself right now?" The point is to begin promoting self-as-context skills.

8. Toward the end of the exercise, therapists use the examples in the upper right quadrant (actions that are moving toward what's important) to work out the goals of treatment. It may sound like, "So, if our work together led to you having more of this in your life (pointing to the upper right quadrant), would our time together be helpful for you?" Therapists and clients can then work out specific goals of treatment.

9. At the end of this exercise, therapists should ask clients what impressions they have from seeing this matrix. Therapists also can share a summary of what impresses them about the matrix. They may then suggest that clients notice when they are "doing DOTSS" and when they are moving closer to what's important to them. Through the exercise, therapists model ACT with their language ("What does your mind say?") and their actions/attitudes (non-judgmental curiosity about inner experiences).

You can't stop the waves, but you can learn to surf.
– Joseph Goldstein

ACT-Informed Consent

Adapted from ACT Made Simple by Russ Harris

You are the expert in you. I will help you draw that expertise out of you.

I am here to help you with what matters most to you.

ACT is an active form of therapy. It's not just talking about problems.

ACT helps people handle difficult thoughts and feelings so they have less impact and influence over you.

ACT will help you determine what and who matters to you and what you want to stand for.

ACT helps people take action to solve problems and do things that make life better.

I recommend leaving here at the end of each session with something you can do between sessions that will make a positive difference.

Like playing a guitar, the more people practice, the more improvement they make.

May I have permission to interrupt you — to press pause — if I see you doing something that might make your problems better or worse so we can notice it?

Sometimes, therapy is like stirring a glass with powder at the bottom. The water gets cloudier before it gets clearer. If you feel confused and uncomfortable, please know that's normal. Feel free to ask questions and give me feedback at any time.

Would you agree to work with me for at least 12 sessions? I think we can do a huge amount in 12 sessions and I think you could have much benefit during that time.

I am happy to be wrong. So, please let me know if you disagree with me.

What questions, comments or concerns do you have?

ACT Matrix

Adapted from The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff

INDIVIDUAL SESSIONS

Individual Core Topic 3: Values

"Unless someone like you cares a whole awful lot, nothing is going to get better. It's not." –Dr. Seuss

We typically do values work early on to engage and align with clients. Values work also helps guide the rest of the therapy interventions.

These are a few traps to watch out for when exploring values:

1. Rules can mimic values (examples: "If I'm not helpful, then I will get punished.").

2. It's easy to confuse goals with values. Goals have a measurable end point (examples: getting a diploma, getting off probation, winning a basketball game). Values are harder to measure (examples: learning, freedom and success).

3. Sometimes clients want something for someone else (examples: "I want my parents to be proud of me.") If therapists hear this response, they can ask clients, "What would matter if no one else were watching?"

4. Sometimes clients repeat someone else's values (examples: "I should study more."). In this case, therapists help clients figure out what genuinely matters.

5. Values that relate to an emotion may be unworkable (examples: "I want to be happy," or "I want to stay relaxed." or "I want to get rid of this depression"). To get at the client's underlying values, therapists can follow up with questions such as, "What would you do more of if you were happy (relaxed, not depressed)?"

To adapt this session to concrete thinkers, therapists can use the conversation cards below from the website: https://contextualscience.org/files/Values%20cards%20with%20questions%2015+%20yrs%20Hayes%20Coyne.pdf. The Two Sides of the Same Coin worksheet below also might be suitable. The motivational interviewing values sort cards are likely inappropriate for young children and/or concrete thinkers. Again, therapists may want to keep sessions shorter (say, 30 minutes) and more frequent for these clients (twice per week).

Goals

1. To ask about home practice.

2. To help clients construct their values.

3. To develop home practice related to values

To ask about home practice

Therapists ask how noticing "toward and away moves" went between sessions. If nothing was noticed, then lack of noticing is simply noticed. The goal is to encourage home practice and non-judgmental noticing.

To help clients construct their values

Therapists start by reviewing the values on the lower right of the matrix and ask permission to expand on those values and to understand them better.

Here are some helpful exercises:

Conversation cards

In this exercise, therapists place the conversation cards on a table. The therapist and client take turns picking a card and answering the questions. Therapists use this as an opportunity to help youth construct their values or what they really care about.
Conversation cards can be found online here: http://thrivingadolescent.com/wp-content/uploads/2015/12/Conversation-Cards.pdf) Cards

with pictures that can be printed in color are found here: https://contextualscience.org/files/Values%20cards%20with%20questions%2015+%20yrs%20Hayes%20Coyne.pdf.

18th or 21st birthday exercise

In this exercise, therapists ask clients, "Imagine celebrating your 18th (or 21st) birthday with people you really care about, and imagine they take turns making a speech about you. What would you hope they would say to you?" A similar exercise is to say, "Imagine I invited all your friends, family, coaches and teachers here to tell me about you. What would you hope they would say?"

Values cards

In this exercise, therapists have clients place a stack of values cards (found online here: http://www.motivationalinterviewing.org/sites/default/files/valuescardsort_0.pdf) into three piles labeled very important, important and not very important. Therapists then facilitate a discussion related to these values and ask a youth to talk more about the values they've chosen. These values-sort cards can be great for youth who do well with abstract thinking. They can sometimes be difficult for youth with concrete thinking.

Two Sides of the Same Coin

This exercise may be good for clients with anger and conflictual relationships (but not abuse or neglect) and may help identify the underlying values behind anger and hurt. A worksheet is found at the end of this section.

Informal questions and comments

Therapists should be prepared to shift conversations toward values. Examples of questions and comments include:

"What do you care about?"

"What's important to you?"

"Would you be willing to experience anxiety, awkwardness, insomnia, discomfort to live a life you really care about?"

"Would you be upset about this if it didn't matter to you?"

"Would this still be important to you if nobody else were watching?"

To develop home practice related to values

Toward the end of the session, therapists ask clients how they might consider moving toward who or what is important to them between sessions. "What might you be willing to do that's in line with what's important to you this week?" Therapists also confirm the direction of the therapy process: "So, if our work together helped you have more of this important stuff in your life, would that be a success?"

Now and then it's good to pause in our pursuit of happiness and just be happy.
– Guillaume Apollinaire

ACT VALUES SORT CARDS Values give us meaning and direction in life, a sense of who we want to be and what matters to us. Choosing values is like picking toppings for ice cream or pizza. You get to choose what your life will be about.	MATTERS MOST TO ME
MATTERS SOME TO ME	MATTERS LEAST TO ME
OTHER:	OTHER:
 **Acceptance** to be inviting or inclusive of others; to welcome my experiences or life's circumstances	 **Adventure** to actively explore new experiences, ideas, places or methods
 **Assertiveness** to be upfront, straightforward and politely ask for what I need or want	 **Authenticity (bein' real)** to be sincere and genuine; to be true to who I am, not fake
 **Beauty** to make, recognize or develop beauty in myself, others or the world; to be attractive	 **Bravery** to be courageous; to do things that frighten me; to have strength and stay composed in the face of discomfort

Inspired by Miller et al. (2001) personal values card sort

 **Caring** to be helpful, encouraging, kind, considerate or nurturing toward myself, others or the environment	 **Connection (on my/your level)** to completely engage in whatever I am doing and be fully present with others or nature
 **Cooperation** to partner and work together with others for a common purpose	 **Creativity** to use my imagination, be innovative or original; to make something unique
 **Determination (grind)** to persist toward a challenging goal despite problems or difficulties; to stay active, productive and dedicated	 **Excitement (YAASS!!!)** to find, make or be a part of activities that make me feel full of life and inspired; to have a blast
 **Fairness and Justice** to not show favoritism or discriminate; to stay neutral or to fight for equal treatment of myself or others	 **Fame** to be well known and recognized for my achievements; to be a celebrity
 **Family (fam)** to get and give love and support within my family	 **Fitting In** conforming to be a part of a group, culture or community; acting in a way that is expected by a specific group
 **Flexibility** to be willing to change or compromise; to adapt or adjust with ease	 **Forgiveness** to let go of getting even, or bitterness; to wish people who wrong me well; to forgive myself of my past mistakes

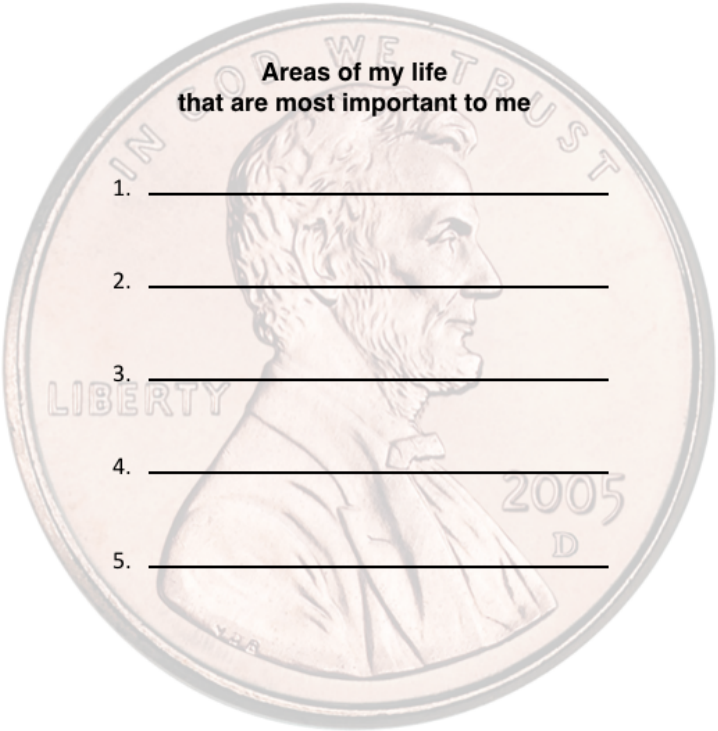
 **Freedom** to be autonomous and independent; free to make my own choices	 **Friends (squad)** to be supportive, kind, pleasant or loyal toward others; to have close friends who support me
 **Fun (lit)** to look for, make and participate in play; to have lots of amusing and enjoyable activities	 **Generosity** to give away things that are precious to me such as my belongings, time, effort or money in order to help others
 **God's Will** to become more and more aware of what God wants from me; to help in bringing heaven to earth	 **Good Manners** to be considerate, well behaved and polite
 **Growth** to challenge myself to keep growing, learning and improving	 **Health** to maintain, improve or look after my physical and mental health
 **Helpfulness** to contribute, serve or help make a positive difference for myself or others	 **Hope** to maintain optimism that something good will happen; to encourage others
 **Humor (LOLing)** to appreciate the funny side of things; to find the positive and make others laugh and lift their mood	 **Intimacy** to know others and be known; to share personal things with others and be available for others to share with me

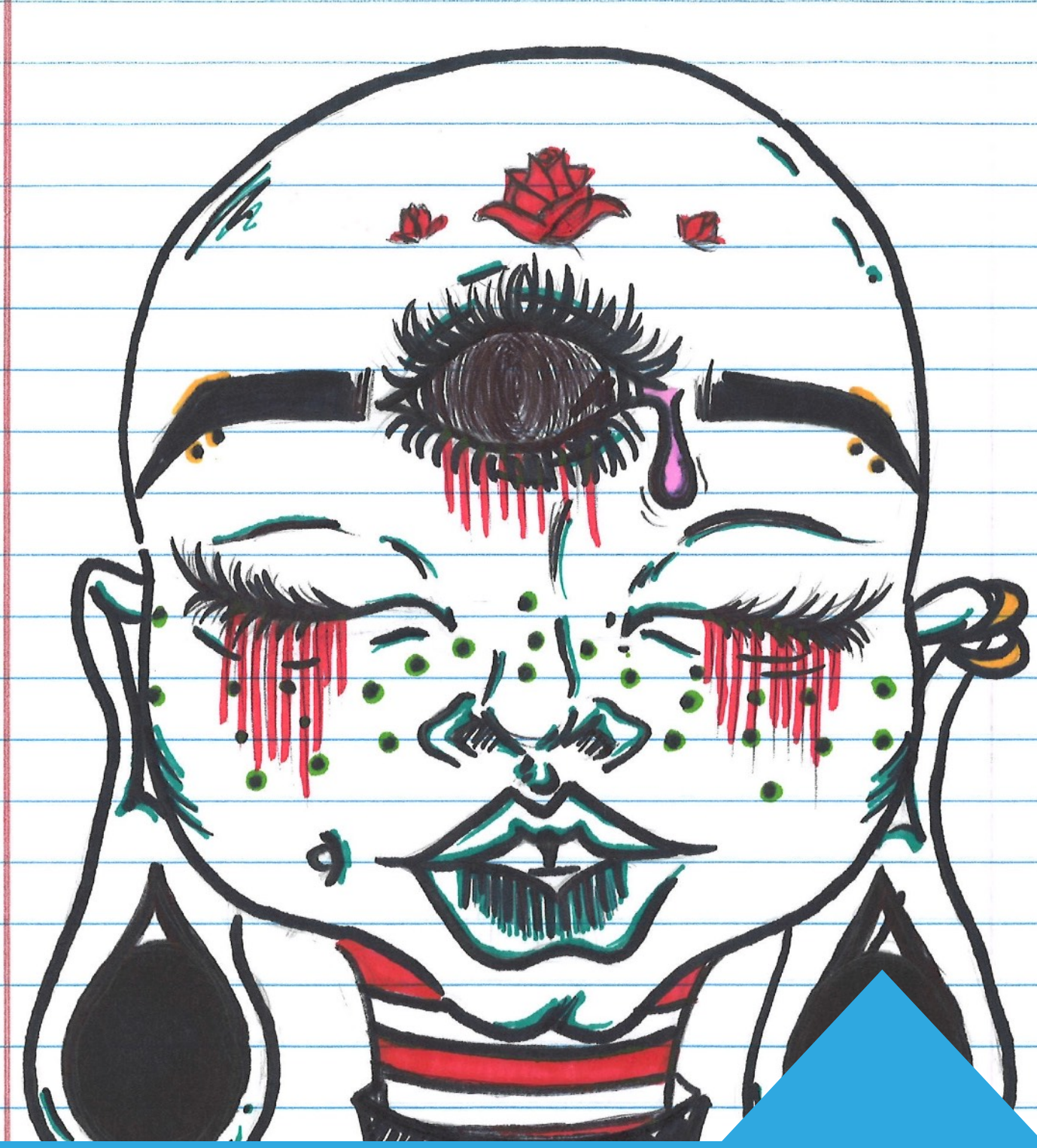
 **Kind Hearted** to act with warmth and compassion toward myself and others who suffer	 **Knowledge/Self-Knowledge (woke)** to have a deep grasp or awareness things; to truly understand my own needs, motives, character or actions
 **Love** to be warm, fond or affectionate; to act in a way that will bring the best to myself or others	 **Loyalty** to be committed, dedicated and faithful to the people I care about; to trust people I care about are loyal to me
 **Mastery** to be capable and have a good grasp of things; to act skillfully	 **Noticing** to be mindful and aware of myself, others and the world
 **Openness** to explore my options; to welcome new or different ideas and options from others	 **Order** to create systems to stay organized; to be neat and tidy
 **Passion** to have intense desire or enthusiasm for activities or people	 **Peace** to work toward solitude, harmony, tranquility inside myself or in the world
 **Popularity** to be praised, liked or get acceptance and approval from others	 **Power (boss)** to stay in control of my life; to have authority over others

 **Rationality** to be logical and levelheaded; to make decisions based on reason instead of emotion; to have good judgment	 **Realism** to be sensible and see things as they really are; to avoid being unrealistic and impractical
 **Relaxing (chillin')** to take time to enjoy leisure, rest the good things in life	 **Respect** to get admiration because of my skill or things I've done; to honor others for their accomplishments or skills
 **Responsibility** to be dependable and capable; to be trusted; to sfix problems on my own; to be able to manage a lot of important tasks	 **Romance** to express my love or connect with people I care about in an exciting way; to have others express their love to me
 **Safety and Protection** to stay out of danger; to defend myself or others	 **Self-Control** to be able to manage my own actions; to stop myself from doing things that may not be in my best interest
 **Sexuality** to be knowledgeable about sex and have a healthy and satisfying sex life	 **Skillfulness (killin' it)** to have the ability and knowledge to be successful doing things that matter; to continue practicing and improving my skills
 **Simplicity** to live life plainly and naturally, only with what I need	 **Spirituality** to have deep beliefs and be devoted in my faith; to worship in a way that is right for me; to have strong convictions

 **Thankfulness** to be grateful for and appreciative of what I have	 **Tradition** to learn, observe, practice or pass on cultural beliefs or customs
 **Trust (TBH)** to be honest with myself and others; to be truthful and dependable; to not lie, cheat or steal	 **Virtue** to live with integrity, honor and with high moral standards
 **Wealth (get that paper)** to make choices now that will set me up for having a lot of money someday; to become rich	 **Wisdom** to be wise and have good judgment

Two Sides of the Same Coin Worksheet





INDIVIDUAL SESSIONS

Individual Core Topic 4: Creative Hopelessness and Acceptance

"There's no 'should' or 'should not' when it comes to having feelings. They're part of who we are and their origins are beyond our control. When we can believe that, we may find it easier to make constructive choices about what to do with those feelings." – From The World According to Mister Rogers

The overall goal of this session is to help clients be open to new ways of thinking and acting. The word "willingness" is used interchangeably with "acceptance." Willingness is a process and most often will need to be a repeated theme throughout therapy. Rarely is willingness a "one-and-done" session. It's also worth noting that aspects of DOTSS (Distraction, Opting out, Time travel, Self-harm, Substance use) can sometimes be adaptive. For example, distraction techniques to help someone board an airplane to visit family can help someone move in the direction of a value around family closeness.

To adapt this topic to concrete thinkers, therapists may consider using simple language to describe parts of the matrix. They also may consider exercises that are hands-on, such as Bean Boozled, Black Jack, the finger trap, paper in face, holding a porcupine, Ping Pong Balls, wrinkled socks or writing acceptance. Shorter and more frequent sessions also may be appropriate.

Goals

1. Ask about the home practice of noticing "moving away" or "moving toward" values.
2. Set up a situation of creative hopelessness using the matrix and/or other exercises and metaphors.
3. Practice willingness as a workable strategy.
4. Ask what clients want to remember or practice between now and the next session.
5. Ask clients for permission to bring up the concept of willingness and acceptance throughout treatment.

Asking about "toward and away moves"

Therapists should ask about toward and away moves with the goal of noticing and developing awareness. If clients did not notice toward or away moves, therapists encourage a simple awareness of not noticing.

Set up a situation of creative hopelessness.

ACT Matrix

Using the Creative Hopelessness Matrix provided below, therapists ask clients to rate on a scale of 0 to 10 how well each of their "away" moves works to get rid of thoughts and feelings they would rather not have in the short- and long-terms. In the "Closer to important things" column, clients indicate how well the away move takes them toward who or what's important. Therapists should evoke conversation about client responses (examples: "What has that strategy cost you?" "Please say more about that.") Most of the time, clients realize their away moves don't work all that well in the long run or in moving them toward their values. If clients report their away moves work great, therapists reply, "Looks like what you're doing works pretty well for you."

Therapists then may propose willingness as a strategy

These exercises are optional depending on time and may be included in other sessions. Therapists

should be careful not to use too many metaphors/ exercises in a single session.

Covering up parts of the matrix

Adapted from Turrell and Bell, ACT for Adolescents

Therapists can cover up the right side of the matrix and then the top left of the matrix and ask clients which life they would have and why.

Beachball exercise

Adapted from Turrell and Bell, ACT for Adolescents

Therapists explain that thoughts and feelings are like a beachball we push down into the water. It works for a while to hold it there. At the same time, it's hard to do much else, and our arms eventually tire, and the beachball comes shooting back up, above the water. Therapists can walk around the room with the clients holding an imaginary beachball under water and ask them to perform various tasks, such as moving a chair, opening a door, shaking hands or writing a sentence. Therapists can then let clients let go of the imaginary beach ball and watch it float nearby. The beachball is still there and, at the same time, their hands are free to do what's important to them. The same is true of our thoughts and feelings. We can suppress them for only so long, and suppressing them costs time and energy. Allowing thoughts and feelings frees us up to do what's important.

Bean Boozled

In this game, players take turns spinning a wheel corresponding to a tasty jelly bean (think chocolate) or a bad-tasting jelly bean (think dog food). Therapists take turns playing this game with clients. They discuss how playing this game relates to life and what it's like to accept the risks and rewards of this game.

Black Jack

Therapists play a few rounds of Black Jack with clients. They discuss how this game relates to life and what it was like to make do with the hands they were dealt.

The Finger Trap

www.contextualscience.org

Finger traps, also known as "Chinese handcuffs," are needed for this exercise. "Push both index fingers in, one into each end, and as you pull them back out, the straw tightens. The harder you pull, the smaller the tube gets, and the tighter it holds your fingers. Maybe this situation is something like that. Maybe these tubes are like life itself. There is no healthy way to get out of life, and any attempt to do so just restricts the room you have to move. With this little tube, the only way to get some room is to push your fingers in, which makes the tube bigger. That may be hard to do at first, because everything your mind tells you to do casts the issue in terms of 'in and out' not 'tight and loose'. But your experience is telling you that if the issue is 'in and out', then things will be tight. Maybe you need to come at this situation from a whole different angle."

Delete a memory exercise

Adapted from Turrell and Bell, ACT for Adolescents

Therapists ask clients to think of a memory and to share it. Then they ask clients to delete that memory. They then explain thoughts and feelings are like memories. It is not possible to delete them. Similarly, therapists can ask clients what comes to mind when they say, "Mary had a little…" They then ask clients to think of something else when they say, "Mary had a little…." Again, it's very difficult to delete something that's been learned or experienced.

Hands as thoughts and feelings exercise

Source: ACT Made Simple by Russ Harris

This exercise also can be helpful to illustrate defusion.

1. Sit with the client and imagine that everything that matters is in front of you (give examples).
2. Imagine that all life's problems and challenges are in front of you (give examples).
3. Imagine everything you have to get done is in front of you (give examples).
4. Pretend your hands are your thoughts and feelings, and hold them as you would the pages of a book.
5. Now get caught up in your thoughts and feelings, lifting your hands to your eyes so they are completely covered.
6. Now hold your hands as far away as possible. How would it be to walk around all day like this? Therapists can ask permission to gentle tug on client's hand and say "It's impossible to get rid of these thoughts and feelings completely."
7. Notice: What you are missing out on by getting lost in your thoughts/feelings or trying to push them away; How difficult it is to focus on tasks you want to do well; How difficult it is to take action
8. Separate from your thoughts and feelings (moving your hands away from your face toward your lap), and notice how much easier it is to see what you care about and what you have to get done.
9. Notice your thoughts and feelings (your hands) haven't gone away. You still have them at your sides, and you can use them to be helpful to you.

Paper in face exercise

Source: ACT Made Simple by Russ Harris

1. Sit with your client, and imagine everything that matters is in front of you (give examples).
2. Imagine all of life's problems and challenges are in front of you (give examples).
3. Imagine everything you have to get done is in front of you (give examples).
4. Imagine this paper contains all the thoughts and feelings you don't want. Have clients write down examples on this piece of paper.
5. Take the paper and put it in front of your eyes. Notice: What you are missing out on; How difficult it is to focus on tasks you want to do well; How difficult it is to take action
6. Take the paper and push it as far away from you as possible. Notice: How tiring it is; How distracting it is; How difficult it is to take action.
7. Rest the piece of paper in your lap, and talk about how much easier it is to take effective action.
8. Notice your thoughts and feelings didn't go away. You have a new relationship with them.

Hands on table exercise

In this exercise, therapists tell clients to keep their hands on a table no matter what their mind tells them. The therapist then pretends to be their mind and tells them to clap, raise their right hand, wave good bye and scratch their head. When the exercise is over, therapists can help families understand that they can do what's important to them no matter what their mind tells them.

Holding a porcupine

Adapted from ACT for Adolescents by Turrell and Bell

In this exercise, therapists ask clients to hold a spiked, plastic dryer ball (one merchant: norwex.biz). Ask them to imagine a painful

emotion or thought while they hold the ball tightly. Also ask how easy it is to focus on things that are important to them such as friends, family or school (insert the values identified in the last session). Now invite clients to hold the dryer ball loosely and make space for the painful emotion or thought. Ask them how it is to focus on what's important to them now (insert some of their values from the last session here).

Ping Pong Balls exercise

In this exercise, therapists ask clients to hold ping pong balls down in a bucket of water. Therapists add enough balls to make this task challenging. They then try to engage clients in conversation and activities, such as walking around the room. Therapists ask how easy it is to engage in these activities. Therapists then invite clients to let the ping pong balls float to the surface and to talk about how it's easier to engage in life when they are not busy pushing ping pong balls down.

Quicksand

Source: www.contextualscience.org

In this metaphor, therapists explain how doing seemingly logical things can make people sink even faster. It goes something like this: "So, it's like you're in quicksand, and every movement you make helps you sink deeper and deeper. So, a different solution is needed. In quicksand, the only thing to do is to have as much surface area as possible. You have to lie down, spread out and have full contact with the quicksand. By doing this, you increase your surface area and don't sink. The same thing happens here. To turn things around for you, you will have to have full contact with life and without the struggle. Doing that may be tricky because it is a new way of thinking about things. A video about how to survive quicksand may help explain this metaphor and can be found online here: https://www.youtube.com/watch?v=h7uK7TT40Hg&feature=youtu.be.

White noise metaphor

Adapted from ACT for Adolescents by Turrell and Bell

Therapists explain that thoughts and feelings are like the white noise they hear in the office, such as the humming of lights or a computer, or the constant whir of an air conditioner. They ask clients what it would be like if they treated their thoughts and feelings that get in the way of what is important to them like white noise. The noises are in the background, but they are not in charge of what clients do.

Wrinkled sock exercise

Adapted from ACT for Adolescents by Turrell and Bell

In this exercise, therapists and clients sit and/or walk around the room with their socks uncomfortably wrinkled. They discuss the feelings and thoughts that come up, and how to make space for these thoughts and feelings. They also discuss how these thoughts and feelings relate to the client's daily life.

Writing acceptance exercise

Adapted from: ACT Made Simple by Russ Harris

In this exercise, therapists ask their clients to write a sentence on a piece of paper. Before they start, the therapist holds a piece of cardboard (or anything opaque) in front of their clients' face to block their vision. They might say, "Is it a little annoying to have something in front of your face while you're about to write? Because you like to see what you're writing, you can move your head up , down, to the side or any other way you want to see what you're doing. So, let's go." After 20 seconds of struggle, therapists say, "How was this for you? Let's see what you've written." Then, therapists might say, "I'm going to recommend a different approach. Try to write your sentence without trying to get around this obstacle." Now, let your clients write a sentence, read it and de-brief the exercise.

Video clips

Therapists can watch any of the following videos with their clients and discuss what they think and how it might apply to their life:

- Demons on the boat: https://www.youtube.com/watch?v=VYht-guymF4
- Passengers on the bus: https://www.youtube.com/watch?v=Z29ptSuoWRc
- Unwelcome party guest: https://www.youtube.com/watch?v=VYht-guymF4

Finally, therapists can use informal questions to get at acceptance and creative hopelessness. Examples include:

- "How has that strategy worked for you in the long run?"
- "Would you be willing to experience this difficult emotion if it meant you could move forward with something else that is really important to you?"
- "Can we sit with/notice/make room for this thought or feeling for a moment?"
- "How strong is the 'make it stop' thought right now?"
- "What if there is something more beautiful than getting rid of all these very human emotions and thoughts? What if these experiences make you who you are and can be used as strengths?"

Home practice

Toward the end of the session, therapists ask clients questions like, "So, what sticks with you from today?" "What would you tell your parents or friends about your session today?" or "What, if anything, from today do you think is worth practicing this week?" Therapists use reflections and open-ended questions to guide the home practice toward the client's goals and values, especially as they relate to substance use. Therapists may also help clients understand the differences among:

- "Yes — but I don't want this."
- "Yes — so I'm broken, or I cannot." and
- "Yes — and I also notice these other things."

Asking clients for permission to bring up the concept of willingness and acceptance throughout treatment

For most clients, acceptance is an important and ongoing process. At the end of this session, therapists may want to ask permission for:

- "What we talked about today is usually on ongoing process. Would it be okay if I ask from time to time about what you notice in terms of willingness to have what's in the present?" and
- "Sometimes, it's helpful to see how willingness to have the present moment works for other people. Would it be okay if I share my own willingness to have the present moment from time to time if I think it would help?" An example of therapists sharing present-moment acceptance is: "Right now, my mind is telling me to crack a joke because I feel uncomfortable, and at the same time, I think it's important to stay here to help you."

Therapists should consider checking in with these informal questions during each session. If the "Hands as thoughts and feelings" exercise was conducted, therapists can use their hands held out far as a cue for unwillingness.

ACT Matrix

Adapted from The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff

INDIVIDUAL SESSIONS

Individual Core Topic 5: Defusion

"And now that you don't have to be perfect, you can be good." – John Steinbeck

Therapists should keep in mind the six main types of fusion:

1. Fusion with the past: "What happened was unfair."
2. Fusion with the future: "I'm going to fail."
3. Fusion with a conceptualized self: "I'm damaged." "I'm not likable." "I'm perfect."
4. Fusion with reasons: "I can't change because my parents are unfair." "I can't do something because I don't feel like it. I'll do something when I'm less anxious or depressed."
5. Fusion with rules: "I should be better." "My parents shouldn't treat me like that." "I shouldn't feel this way."
6. Fusion with judgment: "I don't like my parents," "My parents don't like me."

Throughout treatment, therapists should use ACT language such as, "What is your mind machine saying?" and "What shows up for you?" Using this language models defusion. Therapists should remember to tailor defusion to substance use and cravings.

The following hands-on exercises may be appropriate for clients who are concrete thinkers: Bubble exercise, Hooks worksheet, Milk exercise, Rephrasing, Sing it out and Table exercise.

Goals:

1. To ask about how the home practice went (likely related to acceptance if that was the previous session).
2. To introduce cognitive defusion.
3. Defusion exercises and metaphors.
4. Optional: When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.
5. Collaboratively develop home practice around defusion

To ask how the home practice went in between sessions

By doing so, therapists encourage notice of acceptance (or whatever the previous session's home practice was).

To introduce cognitive defusion

This process can be described to clients as practice of holding thoughts lightly or not taking thoughts or feelings too seriously.

Therapists introduce the concept of fusion. Here are some suggestions:

1. Explain the idea of creating space between a piece of paper and its lamination.Therapists can use a real, drawn or imaginary piece of paper that is laminated to demonstrate how, at times, there is no space between the paper (people) and its lamination (thoughts or feelings). The key is to peel away the lamination to create space between oneself and one's thoughts or feelings.
2. Begin a conversation about the differences between having a thought and buying a thought.
3. Have a conversation about what we can control (our actions in the present) and what we cannot control in the long-term (thoughts, feelings, people, the past, the future).

Defusion exercises and metaphors

The primary exercise involves the Hooks Worksheet provided at the end of the chapter. Clients label the fish hook with thoughts to which

they most often fuse. Then they describe the direction the hook takes them when they bite it.

The following metaphors and exercises may be used to supplement the Hooks Worksheet:

Bubble exercise

In this exercise, therapists and clients agree on a specific thought or thoughts to work on. Clients blow bubbles and imagine placing the thought(s) into a bubble. They watch the bubbles with curiosity until they land and pop.

Mental appreciation

In this exercise, clients thank their mind for the thoughts it comes up with. For example, clients can say to themselves: "Thanks, mind, for the thought that I cannot live without weed. You came up with a good one there." A slight variation is to thank one's body for feelings related to anxiety, craving or other mood states.

Milk exercise

In this exercise, therapists ask clients what comes to mind when they think of milk. Then they ask their clients to say the word "milk" over and over for 45 seconds. Therapists then discuss the experience with their clients, most of whom will find the word loses its meaning when repeated so many times. Therapists can repeat the exercise with a word or thought that has been especially troublesome recently (examples: stupid, angry, unfair, "weed," alcohol).

Leaf on a stream

The leaf on a stream exercise is excellent for developing self-as-context skills or "noticing your thoughts" skills. The script usually goes something like this: "Make yourself comfortable. Close your eyes, and take deep breaths. Imagine sitting next to a gently flowing stream watching the water flow. Notice the sounds of the water, the wind, the birds, the insects; the smells of the trees, flowers, bushes; the sensation of the wind on your face, the ground below you. Now I invite you to sit and watch leaves float by on the stream. PAUSE. When you have a feeling or thought, place it on a leaf, and watch it float by. If you get carried away by a thought or feeling, gently place it on a leaf and watch the leaf float away. If you have no thoughts, watch the leaves. PAUSE FOR 30-60 SECONDS. If you have a feeling or thought, gently place it on a leaf, and watch it float. PAUSE FOR 30-60 SECONDS. Now I invite you to take three deep breaths and gently open your eyes." Therapist should then discuss the exercise and how it relates to noticing skills.

Naming and giving a physical description

In this exercise, clients are encouraged to name their thought. For example, they can give it a proper name, such as "Alice," "Jose" or "Ted." Or, they can bestow a descriptive name, such as "The Monster" or "The Bad Guy." They are then encouraged to practice this technique in session, in future sessions and between sessions. When clients give a physical description to their name or thought

"Ironically, it is when people experience acceptance of themselves as they are that change becomes possible."
– From Motivational Interviewing: Helping People Change

(example: "The Monster is tall, about six feet tall and wears jeans …), they create further distance between themselves and their thoughts/feelings.

Noticing thoughts exercise

Adapted from ACT for Adolescents by Turell and Bell

Here is a sample script for this exercise: "I invite you to sit in your chair and notice your feet on the ground and the feeling of the chair under you. You can keep your eyes open or closed, but most people find it helpful to keep them closed. Take a few breaths, and notice the air going in and out. Now turn your attention to your mind and the thoughts it gives you. Simply notice these thoughts and let them come and go freely. How do they come and how do the fade away? Where do they come from and where do they go? Where are they located in your mind? Are they words or images? What font or color are they made of? What is the background behind the thoughts? Do the thoughts move or simply appear and disappear? Now notice your feet in your shoes and your shoes on the ground. Now take a deep breath and notice the air come and go. Open your eyes whenever you are ready."

Rephrasing

In this exercise, clients rephrase their thoughts and feelings. For example, instead of saying, "I'm mad," they say, "I notice I'm having the feeling of anger." Clients should be encouraged to practice this in session and discuss its impact.

Sing it out, sound it out, silly voices, bad news radio

These techniques are good for creating distance between thoughts/feelings and oneself. In this exercise, clients are encouraged to verbalize their thoughts or feelings with a twist:

- by singing the thought or feeling;
- by saying the thought or feeling very slowly as if a record player is being played too slowly;
- by saying the thought or feeling in a silly voice (such as in a high or low pitch or like a cartoon character) or
- by pretending to be a newscaster for Bad News Radio and announcing the thought or feeling over the radio.
- Various mobile applications may be relevant here. For example, COPY CAT! and Voice Changer Plus are smart phone apps that imitate what people say in funny voices.

Table exercise

This is a great exercise for developing self as context or "noticing your thoughts" skills. It is a variation of the chess metaphor, which therapists should feel free to use if they prefer.

First, have your clients write on a sticky note various thoughts or feelings that are unpleasant and that they would like to get rid of. Next, have them write various pleasant thoughts and feelings, such as self-confidence, fun, good food and good friends. Place these sticky notes on a table. Explain that the positive thoughts and feelings sometimes go to war to get rid of the negative thoughts and feelings. They try to knock them off the table, but they can't because the table goes on and on and never ends.

So, the battle goes on and on. Pause here and see if your clients can relate to this struggle. Next, invite them to think about the following concept: 'What if you're not the sticky notes, but the table that holds them instead?' That means battles or struggles come and go on top of you, and you're there, solid and sturdy, doing your job of holding things together. How would this change your relationship to your feelings of XYZ?

Therapists also can ask clients whether they want to get rid of the table and sticky notes. If so, clients can put that thought/urge on a sticky note and place it on the table, too.

Turning hands

Adapted from ACT for Adolescents by Turrell and Bell

In this exercise, clients gently hold a thought or feeling in a palm. They gently turn their hand over and imagine how the thought or feeling drifts away as it will. Therapists then discuss the experience of watching the thought/feeling drift away. Therapists may need to emphasize that it's a gentle letting go, not a throwing away.

Word Web

Adapted from ACT for Adolescents by Turrell and Bell

In this exercise, therapists invite clients to tell their story. Therapists invite clients to write a word that is a central part of their story in the middle of a sheet of paper. The word is usually something from the bottom left or bottom right of their matrix. Clients circle this word and then write words associated with the word in the middle. They circle these words and draw lines from the center word to the associated words.

The process continues until the sheet is full or clients feel the story is complete. Clients put a title for the story at the top. Examples of titles might be: "My Story," "I'm Not Good Enough Story," or "The Story of My Parents and Me." Therapists and clients take some time to reflect on the story in a way that promotes defusion from the self-as-content.

Informal questions and comments. Therapists should have transitions they can use to shift conversations to the issue of defusion. Examples include: "Tell me what your mind (or body) is telling you," or "what thoughts are coming to your mind?" or "If I could listen in on your mind like a radio, what would I be hearing?"

Revisiting Willingness

When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.

Collaboratively develop home practice around defusion Revis

Through open-ended questions and reflections, therapists help focus the home practice on the client's values and goals for treatment, especially as they may relate to substance use. "If your parents or friends ask what your session was about, what would you tell them?" or "What, if anything, that we talked about today stands out for you as something to practice this week?"

"I've always felt that a person's intelligence is directly reflected by the number of conflicting points of view he can entertain simultaneously on the same topic."
– Abigail Adams

Hooks Worksheet

Adapted from The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff

What you do when you bite:

Name of hook:

What you do when you bite:

Name of hook:

What you do when you bite:

Name of hook:

What you do when you bite:

Name of hook:

INDIVIDUAL SESSIONS

Individual Core Topic 6: Putting it together

The goal is to help clients put together the pieces of the matrix as they apply to specific life situations. This session can be adapted to concrete thinkers by using simple language to label parts of the matrix (examples: Who's important, What's important, Yucky stuff, Stuff to get rid of yucky stuff, Stuff that's important).

Goals

1. To review the home practice
2. To apply ACT principles in daily life situations
3. Optional: Whenever helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.
4. To collaborate on a home practice related to Putting it Together

To review the home practice

Therapists review the home practice from the previous session with interest, asking about opportunities to use defusion skills.

To apply ACT principles in daily life situations

To accomplish this goal, therapists complete the Putting It Together worksheet provided at the end of this section. In this worksheet, therapists or clients complete the matrix from previous sessions and write results into the worksheet matrix. They think of a specific situation important to the client, especially as it relates to substance use or another important presenting problem. Clients answer the questions in the worksheet as they apply to the situation and the matrix.

Revisit willingness

When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.

To collaborate on a home practice related to Putting it Together

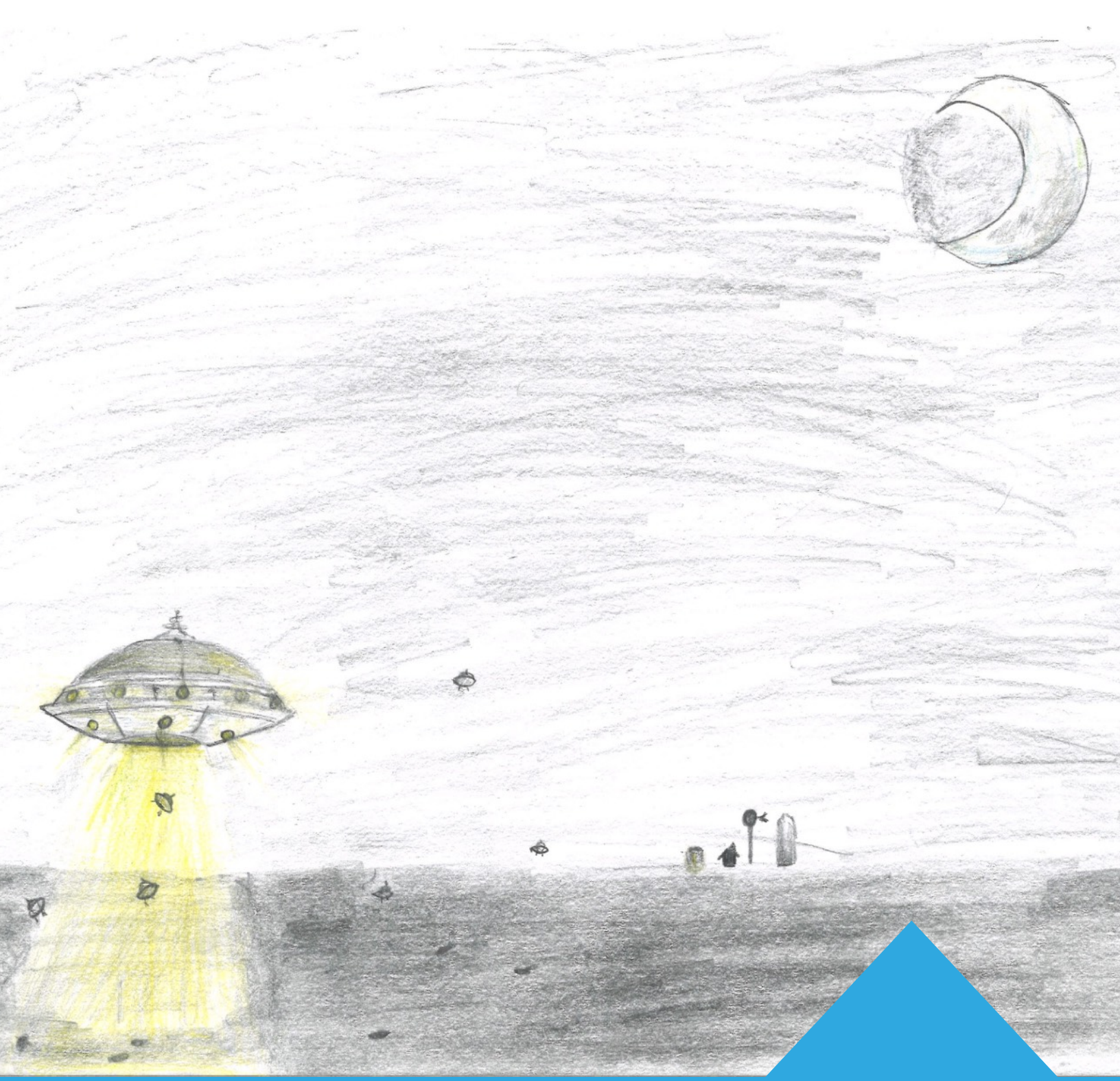
After completing the worksheet for one or more situations, therapists ask their clients how it applies to the week coming up. Therapists and clients agree on a relevant home practice, which may include completing the worksheet at home for other situations. Throughout the worksheet, therapists invite clients to practice ACT skills.

"I am only one, but I am still one. I cannot do everything, but I still can do something; and because I cannot do everything, I will not refuse to do something I can do."
– Helen Keller

Putting It Together Worksheet

Adapted from The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff

Situation:



INDIVIDUAL SESSIONS

Individual Core Topic 7: Committed Action

"Ever tried. Ever Failed. No matter. Try again. Fail better." - Samuel Beckett

This session helps clients put their values into action. That is, it helps them carry out the top right of the matrix. Therapists know clients are ready for this session when they hear sufficient change-talk and minimal sustain-talk. If this session elicits sustain-talk, therapists should emphasize autonomy and return to basic motivational interviewing skills. Even during the planning stage, therapists should remember to use OARS to keep the change-talk flowing. For example, they may want to ask, "Why is this goal important to you again?"

This session can be adapted for concrete thinkers by using the SMART Goal Worksheet below. Simple skill-building with role plays (examples: developing communications skills, drafting a resume, preparing for a job interview) when applicable also may be appropriate.

Goals

1. To help clients have committed action in the direction of their values
2. To help clients obtain skills related to carrying out their goals, as needed.
3. Optional: When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.
4. To help clients have a home practice related to committed action

To help clients have committed action toward their values

In this session, therapists review the upper right of the matrix. One way to elicit details in the upper right matrix is to ask: "If I were to follow you around with a video camera, what would I see you doing when you are moving toward what or whoever is important to you?" or "If an alien on another planet were watching you do what's important on a telescope, what would they see you doing?" Another way to introduce this is: "What are the things we've done in our sessions that have seemed most helpful or relevant to you?" Special attention should be paid to sobriety-related goals and values, such as attending a 12-step program or becoming involved in positive, prosocial activities.

Therapists then ask clients questions related to committed action. In motivational interviewing language, these questions elicit information about the CAT in DARN CAT:

1. Commitment: "How might you go about …?" or "So, what do you think you will do?"
2. Activation: "What are you willing to do?" or "What might you decide to do?"
3. Taking steps: "What steps have you already taken? or "What have you already tried?"

Therapists help clients determine the short-, medium- and long-term steps related to carrying out those goals. Throughout the session, therapists emphasize client autonomy: "It's up to you and your decision …" Therapists also work to continue to elicit change talk with questions such as: "What do you hope to experience more of by doing this?" or "What do you think it would be like to tell me next session that you didn't use and you have a negative urine drug screen?"

When possible, therapists augment motivation in the present moment. Examples include the following questions: "What's it like to be talking about something really important to you right now?" or "What do you feel inside your body as

you talk about it?" or "If these feelings were an object (color or song), what would they look like or sound like?"

Finally, therapists ask questions to help clients prepare for accomplishing their goals: "What if cravings were a signal to do something important?" or "What if the urge to argue was a signal to listen?"

When possible, therapists help clients complete the SMART Goal Worksheet at the end of this section.

To help clients obtain skills related to carrying out their goals, as needed

Skills clients might need include: communication skills, job-interviewing skills, resume-building or psycho-education around risky sexual behaviors.

This information about communication skills and risky sexual behaviors may be helpful:

Communication skills

- In this exercise, therapists discuss verbal and non-verbal communication and ask for examples of each. They discuss how non-verbal communication can be used appropriately (good eye contact, firm hand shake, no eye rolling or shoulder shrugging). They also will discuss the difference between aggressive, assertive and passive communication and encourage the use of assertive communication. Therapists can practice assertive communication using the following basic principles from Marshall Rosenberg's Nonviolent Communication:

- Express how you feel

- Express why you feel this way

- Make a specific request.

  An example would be: "I'm frustrated because I don't like repeating myself. I'd prefer to talk about this once and move on."

After the didactic portion of the session, therapists help their clients practice and come up with ways to practice these skills between sessions.

Risky Sexual Behaviors

As part of relationship skills, therapists should consider discussing healthy romantic relationships, Sexually Transmitted Infection (STI) prevention and pregnancy prevention. Research shows adolescents prefer a direct, skillful interview about sexuality to using questionnaires (Rosenthal, 1999). So, therapists are encouraged to ask confidentially and non-judgmentally about the five P's: partners, practices, protection from STI's, past history of STIs and prevention of pregnancy (CDC, 2005). Then they provide motivational interviewing around risky sexual behavior. Finally, using motivational interviewing, they provide advice around safer practices and help youth access these practices (examples: free condoms; referral for STI evaluation; referral for long-acting, reversible birth control (LARC)). Therapists also may help with behavioral skills related to how to use various forms of birth control, how to avoid high-risk behaviors and how to say no to unwanted sexual invitations and advances.

Revisit willingness

When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.

To help clients have a home practice related to committed action

Therapists help clients figure out what they are willing and able to do between sessions. They can ask permission to inquire about how the committed action went at the next session.

SMART Goal Worksheet

Adapted from ACT for Adolescents by Turrell and Bell

It's helpful to have goals that are SMART as in Specific, Meaningful, Accepting of your thoughts and feelings, Realistic and Time-Bound. The following worksheet helps you develop goals like this.

My Specific goal is:

My goal is Meaningful because:

Unpleasant thoughts and feelings I will need to Accept as I work on this goal are:

My goal is Realistic because:

My goal is Time-bound because I will accomplish it within the following amount of time:

INDIVIDUAL SESSIONS

Crisis Session (optional)

"He who has a why to live for can bear with almost any how." – Nietzsche

Adolescents with co-occurring psychiatric and substance use disorder have many urgent situations. These include anger outbursts, experiencing physical abuse by others, cutting, fighting, homelessness, pregnancy, infection with sexually transmitted diseases and suicidality. Therapists should maintain their MI/ACT stance during these situations. This stance includes asking permission to do various interventions, assuming clients are experts in their life and respecting client autonomy.

In this session, therapists may have to call social services. If so, parents or teens can be offered the opportunity to do so for themselves. Therapists also may have to hospitalize youth, sometimes against their will. Therapists should use clinical judgment.

Goals:

1. Mindfulness cool down
2. Problem solving
3. Risk assessment/intervention for suicide
4. Home practice

Mindfulness cool down

Most ACT sessions start with a present-moment focus exercise. For this session, it may be especially important to do a calming exercise so problem-solving can take place. The following exercises from the introductory session may be helpful: Body Scan, Breathing Exercise, Blowing Bubbles, Noticing Your Hand, 5 Things You Hear/See/Feel, Younger You and Older You. The Leaf on a Stream exercise in the Defusion section may also be helpful. Therapists say something like: "Would it be okay if we did a present-moment focus exercise to calm down a little bit?"

Problem solving

The Putting It Together Worksheet can be used to problem-solve in a way that reinforces ACT principles. The worksheet is included again at the end of this section.

Risk assessment/ intervention for suicide

The Suicide Worksheet at the end of this section includes an ACT-informed way to assess suicidal risk and problem-solve around it. From an ACT perspective, therapists, explore:

- Increasing emotional pain tolerance through acceptance and defusion
- Strengthening a relational frame between living and connection with values
- Promoting small, yet meaningful, committed action to improve the situation.

Adapted from ACT for Depression by Robert Zettle

"You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it." – Maya Angelou

Putting It Together Worksheet

Adapted from The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff

Situation:

Suicide Worksheet

About 20 percent of teenagers had thoughts about suicide in the past year. This worksheet helps deal with suicidal thoughts.

1. What thoughts of suicide does my mind give me?

2. What color, name, shape, size, texture and weight do these suicidal thoughts and feelings have?

3. What problems would suicide solve?

4. What reasons do I have to live? Who and what matter to me?

5. Please complete this sentence. "If I don't kill myself, I could ..."

6. Would I be willing to experience these suicidal thoughts/feelings if it meant I could have these things that are important to me? Why or why not?

7. Small, but important, step(s) I can make to improve my situation is/are.....

INDIVIDUAL SESSIONS

Individual Core Topic 8: Closures and Endings

"Man is always something more than what he knows of himself. He is not what he is simply once and for all, but is a process…" – Karl Jaspers

Closures and endings are an important part of the therapeutic process. In treatment, the end often comes without any prior knowledge. However, it is important to try to have closure if possible.

This session can be adapted for concrete thinkers by using simple language to describe the parts of the Closure Worksheet (examples: Stuff I've learned, What I've done, What I worry about, What I want).

Goal

To conclude the therapeutic relationship

The Closure Worksheet is below. Therapists may use this or other ways to help with closure. The aims of doing so are to provide closure; to reinforce what has been learned; and to plan for healthy, valued future actions — including relapse prevention.

I've failed over and over and over agin in my life. And that is why I succeed. - Michael Jordan

Closure Worksheet

Lessons I've learned:

Accomplishments:

Things I have concern about:

Things I have hope for:

FAMILY SESSIONS

Family Core Topic 1: Family Informed Consent and Family Matrix

Goals

1. To set the frame for family work with a family informed consent
2. To gather family history and introduce the family to the ACT matrix (Polk and Schoendorff, 2006)
3. To help families reinforce ACT principles at home

To set the frame for family work with a family informed consent

A few guidelines explained at the start can help family work to be more productive. Ask families what ground rules they would like to see for their session. Then ask permission to work through the suggested guidelines in the Family Informed Consent Handout provided at the end of this section to see if they agree.

Gather family history, and introduce the ACT matrix

These are the basic steps of setting up the ACT matrix for families. The family ACT matrix also is at the end of this section. Youth who have completed their own matrix can help explain the process for their families.

1. Ask permission to do a drawing exercise that "helps me understand your family better."
2. Draw the matrix as illustrated below.
3. Ask families to write who and what is important to them in the bottom right quadrant, especially as it relates to living as a family. Families can choose a scribe, or therapists can serve in that role. Different colors can be used for different people. Therapists also can develop perspective by asking, "What do you think is most important to your son/daughter?" Common responses from parents are being a good parent, health, respect and safety. Common responses from children include independence, privacy and respect. Therapists should encourage observation and curiosity of these values without critique.
4. Ask families to write on the bottom left quadrant inner experiences, such as feelings and thoughts they would like to get rid of. This area especially should focus on thoughts and feelings occurring in the context of family life. Therapists may need to provide examples, such as anger, anxiety, depression, guilt and stress. Therapists should start modeling ACT language by saying something like, "Our mind machines sometimes gives us thoughts that we'd rather not have, such as,…" and, "Our bodies sometimes give us feelings that we may not want to have such as,…" Again, therapists can share appropriate parts of their own matrix, such as, "Whenever, I start with new families, my mind tells me that I might mess up." Common responses from parents include feelings of anger, anxiety, fear, guilt, worry and thoughts of "I'm a bad parent," "Something terrible will happen to my son or daughter," or "My son/daughter doesn't care about the family." Common responses from teens include feelings of anger and thoughts of "My parents don't trust me or respect me."
5. On the top left quadrant, therapists ask families to give examples of things they do to get rid of their unwanted inner experiences. Therapists should make it clear that they are talking about specific actions by saying something like, "If I followed you around with a video camera, what would I see?" Common examples might include: arguing, fighting, isolating, oversleeping, substance use, texting, using social media and watching TV. Appropriate self-disclosure in this quadrant might include, "My mind tells me I'm not making sense and, when it does that, I am tempted to get more intellectual."
6. On the top right quadrant, therapists ask families what they do that moves them closer to who or what matters to them. Therapists can ask, "If I

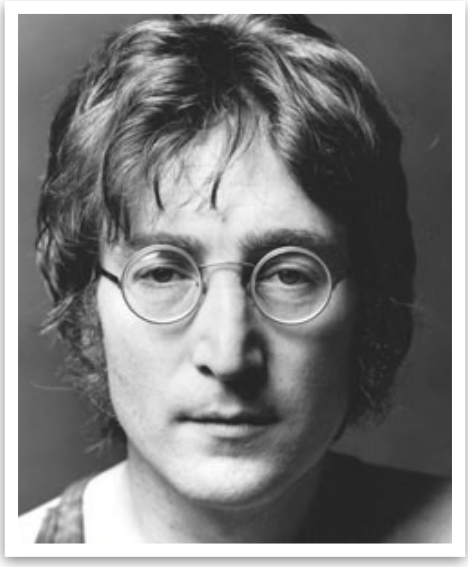
followed you around with a video camera, what would I see when you are moving toward what's important to you?" Therapists should help parents and youth explore value-driven actions they can take around substance use here. The family matrix includes a list of behaviors associated with less teen substance use and positive relationships. The behaviors in the left column apply to parents and youth. The behaviors in the right column apply mostly to parents. Therapists encourage parents and youth to circle the behaviors compatible with their values and to come up with other behaviors that may not be on the list.

7. Toward the end of the exercise, therapists should leave an opening in the center of the matrix where they write the family's name so they can ask, "Who is observing these parts of your life right now?" or "What's it like to observe your family right now?" The point is to begin promoting self-as-context skills. Therapists can also ask, "Is it okay to have these experiences (pointing to the bottom left) and still take these actions (pointing to top right)?"
8. Toward the end of the exercise, therapists use the examples in the upper right quadrant (actions that are moving toward what's important) to work out the goals of family work. It may sound like, "So, if our work together led to you having more of this in your family (pointing to the upper right quadrant), would our time together be helpful for you?" Therapists and families can then work out specific goals of treatment.

Help families reinforce ACT principles at home

At the end of this exercise, therapists should ask families what impressions they have from seeing this matrix. Therapists also can share a summary of what impresses them about the matrix. They may then suggest that families notice their "toward" and "away" moves this week. Through the exercise, therapists model act with their language ("What does your mind say?") and their actions/attitudes (non-judgmental curiosity about inner experiences).

Life is what happens to you while you're busy making other plans.
– John Lennon



Family Informed Consent

You are the expert in your family. I will help draw that expertise out of you.

- This process might be like stirring a glass with powder at the bottom. Things get less clear for a while before they get more clear. Stay persistent. Please let me know if you have questions, comments or concerns.
- Notice your feelings throughout the exercises.
- Notice your thoughts about what others say.
- Express how other people's actions affect inner experience with "I" statements. "When you drink, I feel scared" or "When you do you chores, I feel glad and have the thought that you are taking action to make your life better."
- Notice thoughts you have about blaming others ("You make me angry" or "I use drugs because you…") and keep these thoughts to yourself.
- Show that you heard what other family members shared by repeating what you hear.
- Participate and allow others to participate.
- Ask other family members how they feel or think about their actions or your actions. Keep judgements about what they say to yourself. Reflect back to them what you hear.
- Notice the difference between inner events (thoughts and feelings) and actions (verbalizing thoughts and feelings and acting on them).
- Use the "dead person's rule." That is, when making requests ask them for things that a dead person cannot do better (e.g. "Leave me alone" becomes "Please knock before you enter my room.")
- I am happy to be wrong. So, please correct me if you disagree with something I've said.
- Comments, questions, concerns?

ACT Matrix

Adapted from The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff

Actions to get rid of unwanted thoughts and feelings

Actions to move toward who and what is important

Listen
Maintain healthy boundaries
Express understanding
Co-parent
Happy when they're happy
Follow through with rules
Sad when they're sad
Follow through with rewards
Small acts of kindness
Be a role model
Accept your/their inner experience

Teach life skills
Spend time together
Set clear expectations
Have fun together
Help teens have a family role
Do kind things for yourself
Connect to extended family
Use "I" statements
Understand before giving advice
Remain calm
Other:_____

NAME:

Unwanted thoughts and feelings

Who and what are important

FAMILY SESSIONS

Family Core Topic 2: Acceptance

The overall goal of this session is to promote acceptance of thoughts and emotions so families can have more flexibility to take action toward their values. Because teens probably already have worked with the metaphors and exercise in individual sessions, they can be recruited to help explain and demonstrate them in family sessions. It's important to convey to families that acceptance has to do with inner experiences, such as thoughts and feelings, not behaviors.

Goals

1. To review the home practice
2. To introduce acceptance using the ACT Matrix
3. To introduce acceptance as a workable solution
4. To collaborate on home practice

To review the home practice

In this part of the session, therapists inquire about what families noticed in the way of toward and away moves. If nothing was noticed, that is non-judgmentally noted as well.

To introduce acceptance using the ACT Matrix

Using the matrix from the previous session, therapists draw three columns on the top left side. These columns are labeled Short-term, Long-term and Values. Therapists ask families to rate on a scale of 0 to 10 how well each of their "away" moves works to get rid of thoughts and feelings they would rather not have. In the values column, families note how well the away moves help them do what's important. Therapists should evoke conversation about client responses (for example, "What has that strategy cost you?" "Please say more about that."). Most of the time, families realize their away moves don't work all that well in the long run or in moving them toward their values. If families report their away moves work great, therapists reply, "Looks like what you're doing works pretty well for you." Therapists also can use the Acceptance Matrix already formatted with lines and provided at the end of this section.

To introduce acceptance as a workable solution

Therapists help families accept their inner experience and move toward their values at the same time. Therapists can start with questions such as, "What if you felt and thought this (pointing to the bottom left quadrant) and did this (pointing to the upper right quadrant)?" or "Would you be willing to experience this emotion and keep it if it meant you could do something important to you?" Therapists then evoke conversation around this topic with questions like, "What would that be like?" and "How would you do that?" Therapists also can use the following metaphors/exercises to drive home the point.

Covering up parts of the matrix

Adapted from Turrell and Bell, ACT for Adolescents

Therapists can cover up the right side of the matrix, then the top left of the matrix, and ask families which life they would have and why.

Beach ball exercise

Adapted from Turrell and Bell, ACT for Adolescents

Therapists explain that thoughts and feelings are like a beach ball we push down into the water. It works for a while to hold it there. At the same time, it's hard to do much else, and eventually, our arms get tired, and the beach ball comes shooting up. Therapists can walk around the room with the families holding an imaginary beach ball under water and ask them to perform various tasks, such as moving a chair, opening a door, shaking hands or writing a sentence.

Therapists can then tell families to let go of the imaginary beach ball and watch it float nearby. The beach ball is still there and, at the same time, their hands are free to do what's important to them. The same is true of our thoughts and feelings. We can suppress them only for so long, and suppressing them costs time and energy. Allowing thoughts and feelings frees us up to do what's important.

Bean Boozled

In this game, players take turns spinning a wheel corresponding to a good-tasting jelly bean (such as chocolate) or a bad-tasting jelly bean (such as dog food). Therapists take turns playing this game with family members. They discuss how playing this game relates to life and what it's like to accept the risk/rewards of this game.

Black Jack

Therapists play a few rounds of Black Jack with families. They discuss how this game relates to life and what it was like to make do with the hands they were dealt.

Finger Trap

www.contextualscience.org

The situation here is something like those finger traps we played with as kids. You push both index fingers into the straw trap, and as you pull them out, the trap catches and tightens. The harder you pull, the smaller the trap gets, and the tighter it holds your fingers. Maybe this situation is something like that. Maybe these traps are like life itself. There is no healthy way to get out of life, and any attempt to do so just restricts the room you have to move.

With this little grass trap, the only way to get some room is to push your fingers in, which makes the trap bigger. That may be hard to do at first, because everything your mind tells you to do casts the issue in terms of "in and out," not "tight and loose". But your experience is telling you that if the issue is "in and out," then things will be tight. Maybe you need to come at this situation from a whole different angle.

Delete a memory exercise

Adapted from Turrell and Bell, ACT for Adolescents

Therapists ask families to think of a memory and to share it. Then they ask families to delete that memory. They then explain that thoughts and feelings are like memories. It is impossible to delete them. Similarly, therapists can ask families what comes to mind when they say, "Mary had a little…" They then ask families to think of something else when they say, "Mary had a little…." Again, it's very difficult to delete something that has been learned or experienced.

Hands as thoughts and feelings exercise (Source: ACT Made Simple by Russ Harris). This exercise also can be helpful to illustrate defusion.

1. Sit with the family, and imagine that everything that matters is in front of you (give examples).

2. Imagine all life's problems and challenges are in front of you (give examples).

3. Imagine everything you have to get done is in front of you (give examples).

4. Pretend your hands are your thoughts and feelings, and hold them like pages of a book.

5. Now, get caught up in your thoughts and feelings, lifting your hands to your eyes so they are completely covered. Now try to get rid of your thoughts/feelings by holding your hands as far away from your face as possible. Ask what it would be like to spend all day like this. Therapists can ask permission to touch people's hands and gently tug on their arm and say that these thoughts cannot go away.

6. Notice: a) what you're missing out on; b) how difficult it is to focus on tasks you want to do well; c) how difficult it is to take action

7. Separate from your thoughts and feelings (moving your hands away from your face), and notice how much easier it is to see what you care about and what you have to get done.

8. Notice that your thoughts and feelings (your hands) haven't gone away. You still have them at your sides, and you can use them to be helpful to you.

Paper in face exercise

Source: ACT Made Simple by Russ Harris

1. Sit with the family, and imagine everything that matters is in front of you (give examples).

2. Imagine all life's problems and challenges are in front of you (give examples).

3. Imagine everything you have to get done is in front of you (give examples).

4. Imagine this paper contains all the thoughts and feelings you don't want. Have clients write examples on this piece of paper.

5. Take the paper, and put it in front of your eyes. Notice: a) what you're missing out on; b) how difficult it is to focus on tasks you want to do well; c) how difficult it is to take action

6. Take the paper and push it as far away from you as possible. Notice: a) how tiring it is; b) how distracting it is; c) how difficult it is to take action.

7. Rest the piece of paper in your lap, and talk about how much easier it is to take effective action.

8. Notice that your thoughts and feelings didn't go away. You have a new relationship with them.

Ping Pong Balls exercise

In this exercise, therapists ask family members to hold ping pong balls down in a bucket of water. Therapists add enough balls to make this task challenging. They then try to engage families in conversation and activities, such as walking around the room. Therapists ask how easy it is to engage in these activities. Therapists then invite the family member holding the ping pong balls to let the ping pong balls float to the surface and to talk about how it's easier to engage in life when they are not busy pushing ping pong balls down.

Hands on table exercise

In this exercise, therapists tell families to keep their hands on the table no matter what their mind tells them. The therapist then pretends to be their mind and tell them to clap, raise their right hand, wave good bye and scratch their head. When the exercise is over, therapists can help families understand that they can do what's important to them no matter what their mind tells them.

Holding a porcupine

Adapted from ACT for Adolescents by Turrell and Bell

In this exercise, therapists ask families to hold a spiked plastic dryer ball. Ask them to imagine a painful emotion or thought while they hold the ball tightly. While they hold it tightly, ask how easy it is to focus on things that are important to them, such

as friends, family or school (insert the values identified in the last session). Now invite families to hold the dryer ball loosely and make space for the painful emotion or thought. Ask them how it is to focus on what's important to them now (insert some of their values from the last session here).

Quicksand

Source: www.contextualscience.org

In this metaphor, therapists explain how the logical things to do help people sink quicker into quicksand. It goes something like this: "So, it's like you're in quicksand, and every movement you make helps you sink deeper and deeper. So, a different solution is needed. In quicksand, the only thing to do is to have as much surface area as possible. You have to lie down, spread out and have full contact with the quicksand. By doing this, you increase your surface area and don't sink. The same thing happens here. To turn things around for you, you will have to have full contact with life and without the struggle. Doing that may be tricky because it's a new way of thinking about things. The following video that illustrates how to survive quicksand may help explain this metaphor: https://www.youtube.com/watch?v=h7uK7TT40Hg&feature=youtu.be.

White noise metaphor

Adapted from ACT for Adolescents by Turrell and Bell

Therapists explain that thoughts and feelings are like the white noise they hear (or the humming of the lights or computer or air condition or heater) in the office. They then ask families what it would be like if they treated their thoughts and feelings that get in the way of what's important like white noise. They are there in the background, but they are not in charge of what clients do.

Wrinkled sock exercise

Adapted from ACT for Adolescents by Turrell and Bell

In this exercise, therapists and families sit and/or walk around the room with their socks uncomfortably wrinkled. They discuss the feelings and thoughts that come up and how to make space for these thoughts and feelings. They also discuss how these thoughts and feelings relate to the client's every day life.

Writing acceptance exercise

Adapted from: ACT Made Simple by Russ Harris

In this exercise, therapists ask their families to write a sentence on a piece of paper. Before they start, the therapist holds a piece of cardboard (or anything opaque) in front of their clients' faces to block their vision. They might say, "Is this a little annoying to have something in front of your face while you're about to write? ….Since you like to see what you're writing, you can move your head up down, to the side, any way in order to see what you're writing. So, let's go." After 20 seconds of struggle, therapists will say, "How was this for you? Let's see what you've written." Then, therapists might say, "I'm going to recommend a different approach. Try to write your sentence without trying to get around this obstacle." Now, let your families write a sentence, read it, and de-brief the exercise.

Video clips

Therapists can watch any of the following videos with their families and discuss what they think and how it might apply to their lives: 1) demons on the boat: https://www.youtube.com/watch?v=VYht-guymF4; 12) passengers on the bus: https://www.youtube.com/watch?v=Z29ptSuoWRc ; 3) unwelcome party guest: https://www.youtube.com/watch?v=VYht-guymF4 .

Finally, therapists can use informal questions to get at acceptance and creative hopelessness. Examples

include questions such as: 1) "How has that strategy worked for you in the long run?"; 2) "Would you be willing to experience this difficult emotion if it meant you could move forward with something else that is really important to you?"; 3) "Can we sit with/notice/make room for this thought or feeling for a moment?"; 4) "How strong is the 'make it stop' thought right now?"; 5) "What if there is something more beautiful than getting rid of all these very human emotions and thoughts? What if these experiences make you who you are and can be used as strengths?"

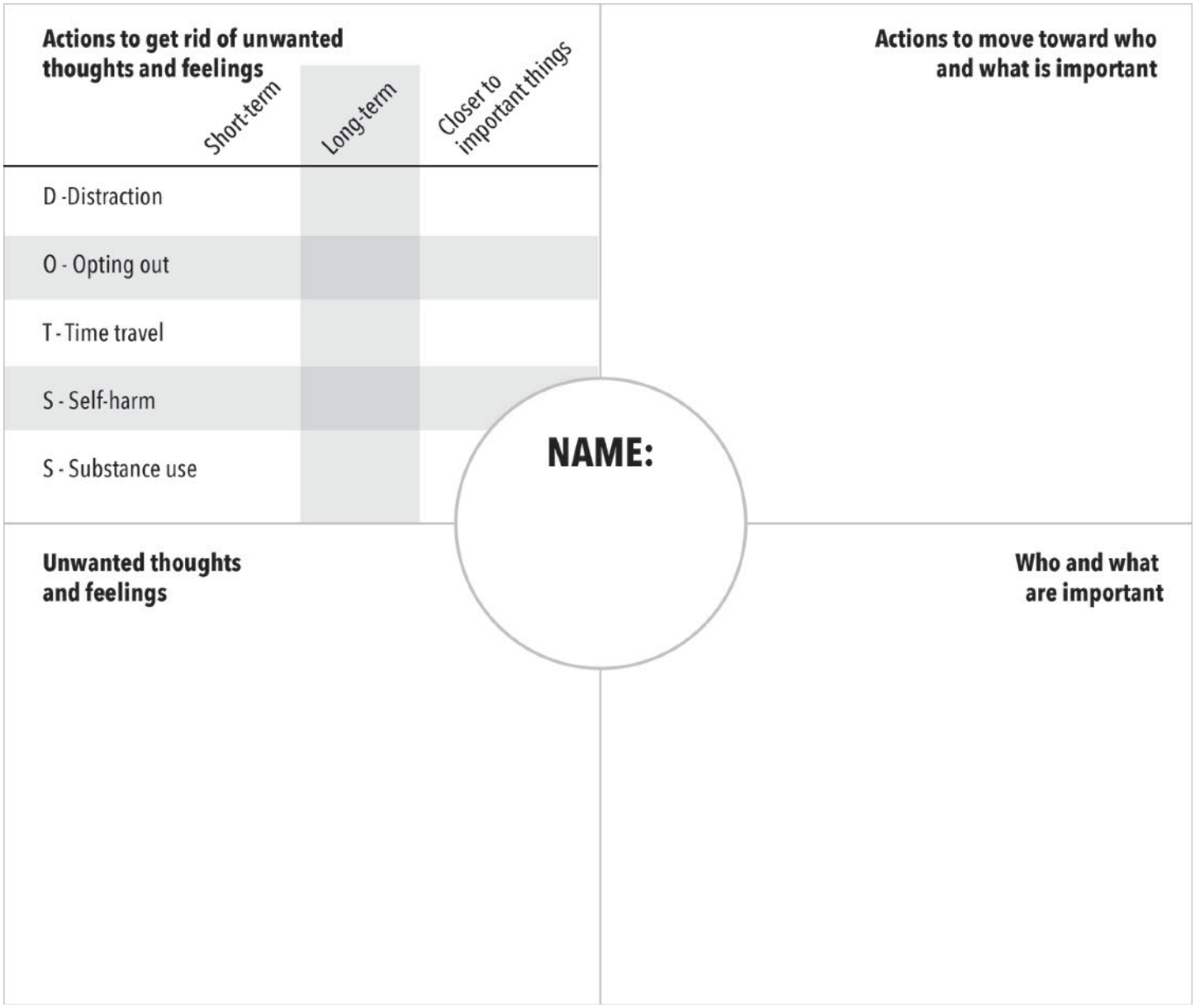
To collaborate on home practice

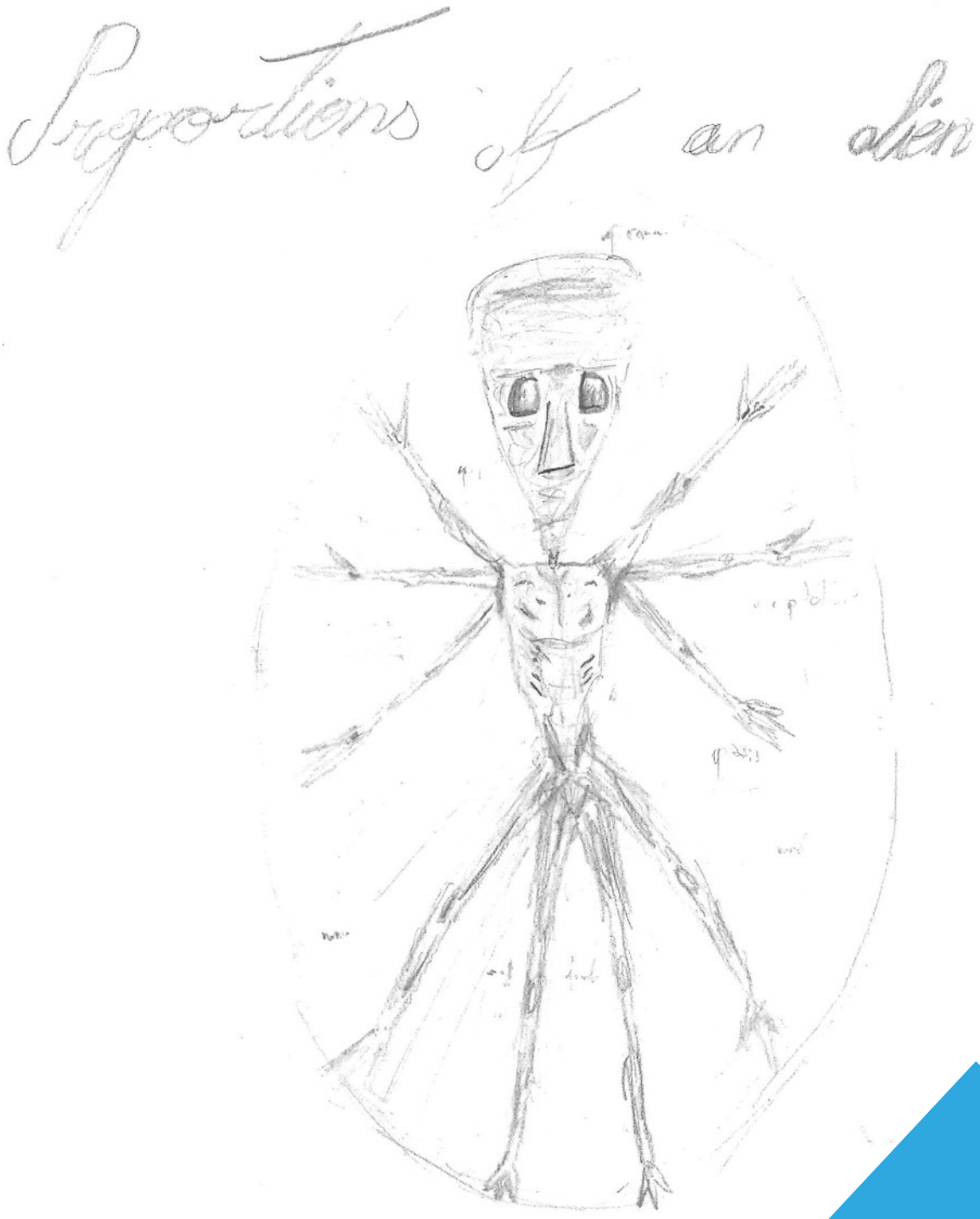
Therapists may ask families, "What, if anything, that we talked about is worth practicing until our next session?" Therapists and families then collaboratively decide what to practice between sessions.

"Freeing yourself was one thing: claiming ownership of that freed self was another." - Toni Morrison

Acceptance Matrix

Adapted from The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff





FAMILY SESSIONS

Family Core Topic 3: Defusion

There are at least six types of fusion families may have:

1. **Fusion with the past:** "What happened was unfair," or "Why me?"
2. **Fusion with the future**: "My child will turn out badly."
3. **Fusion with a conceptualized self:** "I'm a bad parent."
4. **Fusion with reasons:** "I can't change because my parents are unfair," "I can't do something because I don't feel like it. I'll do something when I'm less anxious or depressed," or "My parents make me use drugs."
5. **Fusion with rules**: "My child should be better," "My parents shouldn't treat me like that," " I shouldn't feel this way."
6. **Fusion with judgment:** "I don't like my parents," "My parents don't like me," "My kid just needs to suck it up."

Throughout treatment, therapists should use ACT language such as, "What is your mind machine saying?" and "What shows up for you?" Using this language models defusion.

Goals

1. To ask about how the home practice went (likely related to acceptance if that was the previous session)
2. To introduce cognitive defusion
3. Defusion exercises and metaphors
4. Optional: Whenever helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises
5. Collaboratively develop home practice around defusion

To ask about how the home practice went between sessions

By doing so, therapists encourage simple noticing of acceptance (or whatever the previous session home practice was)

To introduce cognitive defusion

This process can be described to families as the practice of holding thoughts lightly or not taking thoughts or feelings too seriously. Therapists also can have teens explain cognitive defusion if they already have completed this session individually.

Therapists introduce the concept of fusion. The following are suggestions:

1. Explaining the idea of creating space between the piece of paper and the lamination
2. Beginning a conversation about the difference between having a thought and buying a thought.
3. Having a conversation about what we control (our actions in the present) and what we do not control (thoughts, feelings, people, the past, the future).

Defusion exercises and metaphors

The primary exercise is working through the Hooks Worksheet below. Family members label the fishhook with the thoughts and feelings to which they most often fuse. They can also describe what direction the hooks takes them when they choose to bite.

The following metaphors and exercises may be used as needed to supplement the Hooks Worksheet.

Bubble exercise

In this exercise, therapists and families agree on a specific thought or thoughts to work on. Families

blow bubbles and imagine placing the thought(s) into a bubble. They watch the bubble with curiosity until it lands and pops.

Mental appreciation

In this exercise, family members thank their mind for the thoughts it comes up with. For example, clients can say to themselves: "Thanks, mind, for the thought that I cannot live without weed. You came up with a good one there." A slight variation is to thank one's body for feelings related to anxiety, craving or other mood states.

Milk exercise

In this exercise, therapists ask family members what comes to mind when they think of milk. Then, they ask their clients to say the word "milk" repeatedly for 45 seconds. Therapists then discuss the experience with their families. Most people find the word loses its meaning when said over and over. Therapists can repeat the exercise with a word or thought that has been especially troublesome recently (e.g. stupid, angry, unfair, "weed," alcohol).

Leaf on a stream

The leaf on a stream exercise is an excellent exercise for developing self-as-context skills or "noticing your thoughts" skills. The script usually goes something like this: "Make yourself comfortable. Close your eyes, and take deep breaths. Imagine sitting next to a gently flowing stream, watching the water flow. Notice the sounds of the water, the wind, the birds, the insects; the smells of the trees, flowers, bushes; the sensation of the wind on your face, the ground below you.

"Now, I invite you to sit and watch leaves float on the stream. PAUSE. Whenever you have a feeling or thought, place it on a leaf and watch it float by. If you get carried away by a thought or feeling, gently place it on a leaf and watch the leaf float away. If you have no thoughts, watch the leaves. PAUSE FOR 30-60 SECONDS. If you have a feeling or thought, gently place it on a leaf, and watch it float. PAUSE FOR 30-60 SECONDS. Now I invite you to take three deep breaths and gently open your eyes." Therapist should then discuss the exercise and how it relates to noticing skills.

Naming and giving a physical description

In this exercise, family members are encouraged to name their thought. For example, they can name it a proper name, such as Alice, Jose or Ted. Or, they can give it a descriptive name, such as "The Monster," or "The Bad Guy." They are then encouraged to practice this technique in session, in future sessions and between sessions. When clients give a physical description to their name or thought (for example, "The Monster is tall, about 6 feet tall, wears jeans, ….), they create further distance between themselves and their thoughts/feelings.

Noticing thoughts exercise

Adapted from ACT for Adolescents by Turell and Bell

Here is a sample script for this exercise: "I invite you to sit in your chair and notice your feet on the ground and the feeling of the chair under you. You can keep your eyes open or closed, but most people find it helpful to keep them closed. Take a few breaths, and notice the air going in and coming out.

"Now, turn your attention to your mind and the thoughts it gives you. Simply notice these thoughts, and let them come and go freely. How do they come and how do the fade away? Where do they come from and where do they go? Where are they located in your mind? Are they words or images? What font or color are they made of? What is the background behind the thoughts? Do the thoughts move or simply appear and disappear?

"Now notice your feet in your shoes and your shoes on the ground. Now, take a deep breath, and notice the air come and go. Open your eyes when you are ready."

Rephrasing

In this exercise, family members rephrase their thoughts and feelings. For example, instead of saying, "I'm mad," they say, "I notice I'm having the feeling of anger." Clients should be encouraged to practice this in session and discuss its impact.

Sing it out, sound it out, silly voices, bad news radio

These techniques are good for creating distance between thoughts/feelings and oneself. In this exercise, clients are encouraged to verbalize their thoughts or feelings with a twist: by singing the thought or feeling; by saying the thought or feeling very slowly as if a record player is being played too slowly; by saying the thought or feeling in a silly voice (for example, in a high or low pitch, or like a cartoon character), or by pretending they are a newscaster for Bad News Radio and are announcing the thought or feeling over the radio. Various apps may be relevant here. For example, COPY CAT! and Voice Changer Plus are smart phone apps, which imitate what people say in a funny voice.

Table exercise

This is a great exercise for developing self-as context or "noticing your thoughts" skills. It is a variation of the chess metaphor, which therapists should feel free to use if they prefer. First, have your families write on a sticky note various thoughts or feelings that are unpleasant and they'd like to get rid of. Next, have them write various pleasant thoughts and feelings such as self-confidence, fun, good food and good friends. Place these sticky notes on a table. Explain that the positive thoughts and feelings sometimes go to war to get rid of the negative thoughts and feelings. They try to knock them off the table, but they can't because the table goes on and on and never ends. So, the battle goes on. Pause here, and see if your clients can relate to this struggle. Next, invite them to think about the following concept: "What if you're not the sticky note but the table that holds it?' That means battles or struggles come and go on top of you, and you're there, solid and sturdy, doing your job of holding things together. How would this change your relationship to your feelings of XYZ?"

Turning hands

Adapted from ACT for Adolescents by Turrell and Bell

In this exercise, family members gently hold a thought or feeling in the palm of their hand. Then they gently turn their hand over and imagine how the thought or feeling drifts away as it will. Therapists then discuss the experience of watching the thought/feeling drift away. Therapists may need to emphasize it's a gentle letting go, not a throwing away.

Word Web

Adapted from ACT for Adolescents by Turrell and Bell

In this exercise, therapists invite families to tell their story. Therapists invite families to write in the middle of a sheet of paper a keyword that is a central part of their story. It is usually something from the bottom left or bottom right of their matrix. One family member circles this word and writes words associated with the word in the middle. Family members take turns circling, writing associations and drawing lines. The process continues until the sheet is full or families feel the story is complete. Families then devise a title for the story at the top. Therapists and families take some time to reflect on the story in a way that promotes defusion from the self-as-content.

Informal questions and comments

Therapists should have transitions they can use to shift conversations to the issue of defusion. Examples include: "Tell me what your mind (or body) is telling you," or "What thoughts are coming to your mind?" or "If I could listen in on your mind like a radio, what would I be hearing?"

Revisit willingness

When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.

Collaboratively develop home practice around defusion

Through open-ended questions and reflections, therapists help focus the home practice on the family's values and goals for treatment, especially as they may relate to substance use. "If people ask what your session was about, what would you tell them?" or "What, if anything, that we talked about today stands out for you as something to practice this week?"

"Life itself is a quotation." – Jorge Luis Borges

Hooks Worksheet

Adapted from The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff

What you do when you bite:

Name of hook:

What you do when you bite:

Name of hook:

What you do when you bite:

Name of hook:

What you do when you bite:

Name of hook:

FAMILY SESSIONS

Family Core Topic 4:
Putting it together (or Urgent Situations)

The goal is to help families put together the pieces of the matrix as they apply to specific life situations. This also can be a good exercise to help families with various urgent situations they may want to discuss.

Goals

1. To review the home practice
2. To apply ACT principles in daily life situations
3. Optional: When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.
4. To collaborate on a home practice related to Putting it Together

To review the home practice

Therapists review the home practice from the previous session with interest, asking about opportunities to use defusion skills.

To apply ACT principles in daily life situations

To accomplish this goal, therapists help families complete the Putting It Together Worksheet below. In this worksheet, therapists complete the matrix from previous sessions and write the results into the worksheet matrix. Then they help families think of a relevant situation, especially as it relates to substance use or another important, presenting problem.

Family members answer the questions in the worksheet as they apply to the situation and the matrix. Throughout the worksheet, therapists try to incorporate practicing all the ACT skills (present-moment focus, acceptance, defusion, self-as-context, values, committed action).

Revisit willingness

When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.

To collaborate on home practice related to Putting it Together

Therapists ask what, if anything, from today's session sticks out or seems most relevant to practice between sessions. In doing so, therapists help families develop something to practice at home. Frequently, families will choose to take Putting It Together Worksheet home to practice.

Our greatest glory is not in never failing, but in rising every time we fall. – Confucius

Putting It Together Worksheet

Adapted from The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice by Polk and Schoendorff

Situation:

FAMILY SESSIONS

Family Core Topic 8: Committed Action

This session helps families put their values in action. So, in other words, it helps them carry out the top right of the matrix.

Goals

1. To review the home practice
2. To help families have committed action in the direction of their values
3. Optional: When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.
4. To help families have a home practice related to committed action

To review the home practice

Therapists ask families about the Putting It Together home practice. The main goal is to notice what was practiced. It is not necessary to spend a large portion of the session problem-solving the details of the home practice.

To help families have committed action in the direction of their values

In this session, therapists review the upper right of matrix. They help families determine the short-, medium- and long-term steps related to carrying out those goals.

One way to elicit details in the upper right matrix is to ask: "If I were to follow you around with a video camera, what would I see you doing when you are moving toward what or who is important to you?" Another way to introduce this is: "What are the things we've done in our sessions that have seemed most helpful or relevant to you?"

Special attention should be paid to sobriety-related goals and values. The SMART goals worksheet below may be a helpful way to develop these goals. In the case of family work, family members complete this worksheet and discuss their answers.

Revisit willingness

When helpful, therapists revisit willingness to have present-moment thoughts and feelings using the previous core topic exercises.

To help families have a home practice related to committed action

Therapists help families figure out what they are willing and able to do between sessions. They can ask permission to ask about how the committed action went at the next session.

SMART Goal Worksheet

Adapted from ACT for Adolescents by Turrell and Bell

It's helpful to have goals that are SMART as in Specific, Meaningful, Accepting of your thoughts and feelings, Realistic and Time-Bound. The following worksheet helps you develop goals like this.

My/Our specific goal is:

My/Our goal is meaningful because:

Unpleasant thoughts and feelings I/we will need to accept as I work on this goal are:

My/Our goal is realistic because:

My/Our goal is time-bound because I will accomplish it within the following amount of time:

ASSESSMENTS

Name: **Session #:** **Date:**

impACT client: ☐ Yes ☐ No **UDS result:** ☐ Pos. ☐ Neg. ☐ Unk. ☐ Refused

☐ 6 mo f/u ☐ 9 mo f/u ☐ 12 mo f/u

VALUING QUESTIONNAIRE

Please read each statement carefully and then circle the number which best describes how much the statement was true for you DURING THE PAST WEEK, INCLUDING TODAY.

I worked toward my goals even if I didn't feel motivated to

Not at all true 1 2 3 4 5 6 **Completely true**

I was proud about how I lived my life

Not at all true 1 2 3 4 5 6 **Completely true**

I made progress in the areas of my life I care most about

Not at all true 1 2 3 4 5 6 **Completely true**

I continued to get better at being the kind of person I want to be

Not at all true 1 2 3 4 5 6 **Completely true**

I felt like I had a purpose in life

Not at all true 1 2 3 4 5 6 **Completely true**

TLFB

Please mark the days you used a substance other than tobacco.

7 days ago	6 days ago	5 days ago	4 days ago	3 days ago	2 days ago	Yesterday	Today

Total number of days used this week:

Overall, how helpful was this session?

Very unhelpful 1 2 3 4 5 6 7 8 9 10 **Very helpful**

Motivational Interviewing Treatment Integrity Code (MITI 4.1)

(Moyers et al. (2014), Motivational Interviewing Treatment Integrity Manual 4.1) (Used with permission)

Recording #:_____ Coder:_____ Date: ____/____/____

Global Ratings

Technical Components						
Cultivating Change Talk	1	2	3	4	5	Target Change:_____
Softening Sustain Talk	1	2	3	4	5	
Relational Components						
Partnership	1	2	3	4	5	
Empathy	1	2	3	4	5	

Behavior Counts

		Total
Giving Information (GI)		
Persuade (Persuade)		
Persuade with Permission (Persuade with)		
Question (Q)		
Simple Reflection (SR)		
Complex Reflection (CR)		
Affirm (AF)		
Seeking Collaboration (Seek)		
Emphasizing Autonomy (Emphasize)		
Confront (Confront)		

Start time and sentence:_____

End time and sentence:_____

Acceptance and Committment Therapy Rating Scale

Used with permission. Developed by: Robyn D. Walser, Barr Taylor, Mickey Trockel & Brad Karlin with contributions from John Billig, Scott Cornelius, James Gillies, Jennifer Gregg, Steven Hayes, Lutz Hess, Kelly Koerner, Jason Luoma, Kevan McCutcheon, DJ Moran, Vince Roca, Alethea Varra, and Darrah Westrup. For information: robyn.walser@va.gov

Therapist:_____ Date of Session:_____

Rater:_____ Date of Rating:_____ Session#_____

Directions

Rate each tape by assessing the therapist on a scale from 0 to 4 and record the rating on the line next to the item number. A general rating scale is below to serve as a guide for thinking about and applying the ratings overall. When rating the therapist, focus on therapist skill and take into account the difficulty of the case being presented. When you consider level of skill, your assessment should be based on the overall delivery and impression of how well the therapist performed on all of the items below. A high level of skill should be considered when the therapist is implementing the 6 core processes, engaging the ACT therapeutic stance and using ACT technology appropriately across the treatment and as defined in the items written below.

0 = Poor skill/quality. Therapist did not use, was unable to use due to lack of knowledge or did not use ACT approach or core processes; therapist demonstrated no skill, used processes that were inconsistent with ACT or interventions that supported use of control strategies directed at internal experience; unskilled, a great degree of improvement is needed.

1 = Low skill/quality. Therapist used ACT processes but did so with little skill or with significant flaws; ACT processes occurred on occasion but with little skill, a fair amount of improvement is needed.

2 = Adequate skill/quality. Therapist used ACT processes with some competence and to a satisfactory degree; ACT processes occurred with adequate skill, some improvement is needed.

3 = Good skill/quality. Therapist used ACT processes with a good level of competence; ACT processes occurred with good skill, minimal improvement needed.

4 = Excellent skill/quality. Therapist used ACT processes with a high level of

competence (implemented the six core processes appropriately, skillfully applies the ACT technology, models ACT processes in therapy, etc); ACT processes occurred with excellent skill.

Part I. General ACT Therapeutic Stance

____1. Skill in the Application of ACT processes. The therapist flexibly and skillfully responded to the client and uses ACT relevant processes as appropriate in helping the client to move from unworkable to workable responses that reflect the client's values.

- **0 =** The therapist did not use ACT consistent processes or used them unskillfully; a great degree of improvement is needed.
- **1 =** The therapist used ACT consistent processes, but with little skill, a fair amount of improvement is needed.
- **2 =** The therapist used ACT consistent processes with adequate skill, some improvement is needed.
- **3 =** The therapist used ACT consistent processes with a good skill, minimal improvement needed.
- **4 =** The therapist engaged ACT consistent processes with excellent skill.

___2. Interpersonal Relationship. The therapist is respectful, compassionate and genuine in responding to the client and speaks to the client from an equal, willing and vulnerable point of view.

- **0 =** The therapist did not respond or engage in respectful, compassionate and genuine behaviors while working with the client; unwilling; unskilled, a great degree of improvement is needed.
- **1 =** The therapist responded and engaged in respectful, compassionate, willing and genuine behaviors, but with little skill, a fair amount of improvement is needed.
- **2 =** The therapist responded and engaged in respectful, compassionate, willing and genuine behaviors with adequate skill, some improvement is needed.
- **3 =** The therapist responded and engaged in respectful, compassionate, willing and genuine behaviors with good skill, minimal improvement needed.
- **4 =** The therapist displayed respect, compassion, willingness and genuineness in responding to the client with excellent skill

___3. Modeling ACT Processes in the Therapeutic Relationship. The therapist models, instigates, and supports ACT processes in the therapeutic relationship itself. The exchanges between client and therapist are accepting, defused, focused on what is present, and include mutual recognition of self-as- context processes while also showing flexible behavior linked to personal values.

- **0 =** The therapist did not model, instigate or support ACT processes. The interchange was not accepting, defused or focused on what is present; no modeling of flexible behavior; unskilled; a great degree of improvement is needed.
- **1 =** The therapist models, instigates and supports ACT processes. The interchange occurred with some acceptance, defusion and flexibility, but with little skill, a fair amount of improvement is needed.
- **2 =** The therapist models, instigates and supports ACT processes in the therapeutic relationship to a satisfactory degree; the interchange was accepting and occurred with adequate skill, some improvement is needed.
- **3 =** The therapist models, instigates and supports ACT processes in the therapeutic relationship to a good degree; the interchange occurred with acceptance, defusion and flexibility and with good skill, minimal improvement needed.
- **4 =** The therapist models, instigates and supports ACT processes to an optimal degree; the interchange occurred with acceptance, defusion and flexibility and with excellent skill.

Part II. ACT Technology

___4. Strategy for Behavior Change. The therapist uses a clear ACT case conceptualization strategy, identifying and applying it to problem areas on an ongoing basis, addressing experiential avoidance and emotional control patterns and the ways in which these behaviors have led to narrow and inflexible client behavior. Additionally, the therapist is able to evaluate motivational factors, environmental barriers and client strengths from an ACT perspective and uses this information to formulate and implement a treatment plan on an ongoing basis.

- **0 =** The therapist is unable to use ACT case conceptualize strategies for change; does not understand experiential avoidance, uses internal control strategies to guide treatment; does not let the ACT case formulation guide treatment on an ongoing basis; unskilled; a great degree of improvement is needed.
- **1 =** The therapist applies an ACT case conceptualization, but demonstrates significant flaws in strategy, and uses

the conceptualization but with little skill; a fair amount of improvement is needed.

- **2 =** The therapist applies an ACT case conceptualization with adequate skill, some improvement is needed.
- **3 =** The therapist applies an ACT case conceptualization with good skill, minimal improvement needed.
- **4 =** The therapist applies an ACT case conceptualization with excellent skill.

___5. Implementation of Metaphors and Exercises. The therapist is able to implement ACT consistent metaphors and exercises and applies them at the appropriate time in session (as determined by the protocol or as needed by the client) and in a fashion that is consistent with the core components.

- **0 =** The therapist does not understand and/or use ACT metaphors and exercises in session; unskilled; a great degree of improvement is needed.
- **1 =** The therapist uses ACT metaphors and exercises in session but demonstrates significant flaws in their application; metaphors and exercises are used but with little skill, a fair amount of improvement is needed.
- **2 =** The therapist uses ACT metaphors and exercises with adequate skill, some improvement is needed.
- **3 =** The therapist uses ACT metaphors and exercises with good skill, minimal improvement needed.
- **4 =** The therapist implements ACT metaphors and exercises appropriately and with excellent skill.

____6 .ACT-Consistent Homework. The therapist uses values consistent homework/commitments to support therapy, assigning homework on a regular basis and/or as appropriate. Homework/commitments support the client's personal values and/or promote flexible responding.

- **0 =** The therapist does not understand how and/or use ACT consistent homework/commitments; unskilled; a great degree of improvement is needed.
- **1 =** The therapist uses homework/commitments but demonstrates significant flaws in application (Assigns homework only rarely; assigns homework that is not values consistent or it contains internal control strategies); uses but with little skill, a fair amount of improvement is needed.
- **2 =** The therapist uses homework/commitments with adequate skill, some improvement is needed. (Assigns homework occasionally; homework is linked to values).

- **3 =** The therapist uses homework/commitments with good skill, minimal improvement needed. (Assigns homework routinely; homework is values consistent).
- **4 =** The therapist appropriately implements homework/commitments with excellent skill.

Part III. ACT Core Competencies

____7. Willingness/Acceptance. The therapist helps the client to see experiential willingness/acceptance as an alternative to excessive and misapplied internal control. The therapist works to help the client see willingness as a choice and process rather than an outcome.

- **N/A =** Not applicable (did not occur as appropriate; not relevant for this session)
- **0 =** The therapist does not understand and/or use willingness/acceptance work in session; unskilled; a great degree of improvement is needed.
- **1 =** The therapist uses willingness/acceptance work but demonstrates significant flaws in its application; willingness/acceptance used but with little skill, a fair amount of improvement is needed.
- **2 =** The therapist uses willingness/acceptance with adequate skill, some improvement is needed.
- **3 =** The therapist uses willingness/acceptance work with good skill, minimal improvement needed.
- **4 =** The therapist appropriately implements willingness/acceptance work with excellent skill.

___8. Cognitive Defusion. The therapist helps the client to see thoughts as what they are (simply thoughts), so those thoughts can be responded to in terms of workability given the client's values rather than in terms of their literal content. The client is helped to attend to thinking and experience as ongoing behavioral processes.

- **N/A =** Not applicable (did not occur as appropriate; not relevant for this session)
- **0 =** The therapist does not understand and/or use cognitive defusion in session; unskilled; a great degree of improvement is needed.
- **1 =** The therapist uses cognitive defusion but demonstrates significant flaws in ability to apply the skill; uses defusion but with little skill, a fair amount of improvement is needed.
- **2 =** The therapist uses cognitive defusion with adequate skill, some improvement is needed.

- **3 =** The therapist uses cognitive defusion work with good skill, minimal improvement needed.
- **4 =** The therapist appropriately implements cognitive defusion with excellent skill.

___9. Present Moment. The therapist helps the client learn to attend to what is present in a focused, voluntary and flexible fashion. The therapist uses mindfulness and conscious awareness methods to help the client achieve present moment awareness. The therapist detects client drift into past and future and reorients client to the "now."

- **N/A =** Not applicable (did not occur as appropriate; not relevant for this session)
- **0 =** The therapist does not understand and/or use present moment exercises and does not recognize or apply the processes involved in supporting present moment work in session; unskilled; a great degree of improvement is needed.
- **1 =** The therapist uses present moment exercises and processes but demonstrates significant flaws in their application; uses present moment processes but with little skill, a fair amount of improvement is needed.
- **2 =** The therapist uses present moment exercises with adequate skill, some improvement is needed.
- **3 =** The therapist uses present moment processes with good skill, minimal improvement needed.
- **4 =** The therapist appropriately implements present moment processes with excellent skill.

___10. Self-as-context. The therapist helps the client to make contact with a sense of self that is the experiencer of private content (emotions, thoughts, sensations, memories) rather than the content itself. The therapist helps the client to experience this sense of self as continuous, safe and consistent and as a place from which the client can observe and accept all changing experience.

- **N/A =** Not applicable (did not occur as appropriate; not relevant for this session)
- **0 =** The therapist does not understand and/or use self-as-context exercises and processes in session; unskilled; a great degree of improvement is needed.
- **1 =** The therapist uses self-as-context processes but demonstrates significant flaws in its application; self-as-context is used but with little skill, a fair amount of improvement is needed.

- **2 =** The therapist uses self-as-context processes with adequate skill, some improvement is needed.
- **3 =** The therapist uses self-as-context processes with good skill, minimal improvement needed.
- **4 =** The therapist appropriately implements self-as-context processes with excellent skill.

___11. Valued direction. The therapist helps the client to clarify and choose personal values that give life meaning and establish motivation that is in the present and intrinsic to the behavior pattern itself. The therapist guides the client to link behavior change to these values while also supporting willingness to experience emotions, thoughts, sensations, memories (internal private events) in an open and non-defended fashion.

- **N/A =** Not applicable (did not occur as appropriate; not relevant for this session)
- **0 =** The therapist does not understand how and/or help the client to contact and clarify values in session; unskilled; a great degree of improvement is needed.
- **1 =** The therapist uses values clarification processes but demonstrates significant flaws in its application; uses values work but little skill, a fair amount of improvement is needed.
- **2 =** The therapist uses values clarification processes with adequate skill, some improvement is needed.
- **3 =** The therapist uses valued direction processes with good skill, minimal improvement needed.
- **4 =** The therapist appropriately implements values clarification processes with excellent skill.

____12. Committed Action. The therapist works with the client to create behavior change that is in the service of chosen values, building these behavior changes into larger and larger patterns of action that support effective values-based living.

- **N/A =** Not applicable (did not occur as appropriate; not relevant for this session)
- **0 =** The therapist does not understand how and/or use committed action work in session; unskilled; a great degree of improvement is needed.
- **1 =** The therapist uses and supports committed action work in session but demonstrated significant flaws in application; uses committed action but with little skill, a fair amount of improvement is needed.

- **2 =** The therapist uses and supports committed action work in session establishing goals for the client that are values consistent with adequate skill, some improvement is needed.
- **3 =** The therapist uses and supports committed action work in session with good skill, minimal improvement needed.
- **4 =** The therapist appropriately implements and supports committed action work in session establishing goals for the client that are values consistent with excellent skill.

Scoring

Items 1-6 should always be scored.
Items 7-12 may have instances when they are not scored. Score all items unless one of the core components does not occur for the session being rated:

After scoring all items; total each item scored and divide by the number items.

Total Score _____

COMMENTS AND SUGGESTIONS FOR THERAPIST'S IMPROVEMENT:

Part IV. OTHER ISSUES

____14. Did any **unique or extraordinary problems** arise during the session (e.g., difficult interpersonal problem, considerable resistance)? YES or NO

If "Yes," then rate:

- **0 =** The therapist was unable to resolve the problem from an ACT perspective and resorted to control strategies/other interventions or failed to adequately address the issue.
- **1 =** The therapist attempted to work with the problem from an ACT perspective but demonstrated significant flaws in applying ACT and the problem was not adequately addressed.
- **2 =** The therapist worked with the problem from an ACT perspective to a satisfactory degree and was moderately able to apply the core components in addressing the problem; resolution of problem occurred to a satisfactory degree; some improvement is warranted.

- **3 =** Therapist worked with the problem from an ACT perspective to a great degree and with good skill, problem largely solved; minimal improvement is needed.
- **4 =** The therapist very skillful applied the ACT core components in addressing the problem.

____15. Were there any significant factors in this session that you feel justified the therapist's **departure from the standard ACT protocol/approach?** YES or NO

If "Yes," please explain:

____ 16. Were there any significant periods, comments or interventions that were **inconsistent with ACT theory and application** (for instance, did the therapist identify that a client's thought or feeling may lead to certain behavior?) or were communications made to the client that they should work to inappropriately control internal events (for instance, did the therapist encourage the client to avoid or control their thoughts, feelings, memories or bodily sensations?) YES or NO

If "Yes," please explain:

Training Curriculum

Depending on the experience of the trainees and time constraints, training typically takes place over one to two days. Trainers should use the spirit of MI and ACT in their teaching style. Trainers also should incorporate hands-on activities. Below is a sample curriculum. Trainers should use the group interaction to model adaptations for family work when possible.

Why MI/ACT?

Adolescents used to attend adult substance treatment until the 1990s. Adolescents got worse while adults got better (Liddle and Rowe, 2006). In the 1990s, adolescent-specific treatments were developed. Family therapies based on structural family therapy were developed. Individual CBT curricula originally developed for adults (Project MATCH) were also studied.

The Cannabis Youth Treatment study compared CBT and family treatments, showing month-long abstinence rates of 30% at the end of treatment (Dennis et al., 2004). Subsequent studies combining CBT and contingency management produced abstinence rates of about 50% (Stanger et al., 2015). At the same time, individual CBT models were developed to address co-occurring psychiatric and substance use disorders (Riggs et al., 2007; Riggs et al., 2012; Thurstone et al., 2010; Thurstone et al., 2017).

Classical CBT models had limitations in treating co-occurring psychiatric disorders. These limitations included the following:

1. Classical CBT assumes skills deficits and tries to fill these deficits. This assumption is sometimes at odds with the spirit of MI in which clients are considered experts in their life situations.

2. Classical CBT models for adolescent substance use disorder have a linear design. That is, treatment progresses from functional analysis to coping with cravings to skill building such as communication skills, problem-solving skills and anger management. Patients with significant co-occurring psychiatric issues and/or pre-contemplation can be difficult to fit into this linear design. These clients may require other treatment before, during or after CBT treatment to fit into the treatment approach.

3. Some clients may not benefit from classical CBT approaches to symptom reduction. Correcting cognitive distortions may actually increase the initial "thought distortion" (Clark et al., 1991; Wegner et al., 1994). Distraction techniques may produce initial relief and lead to continued avoidance of valued activities (Blackledge and Hayes, 2001).

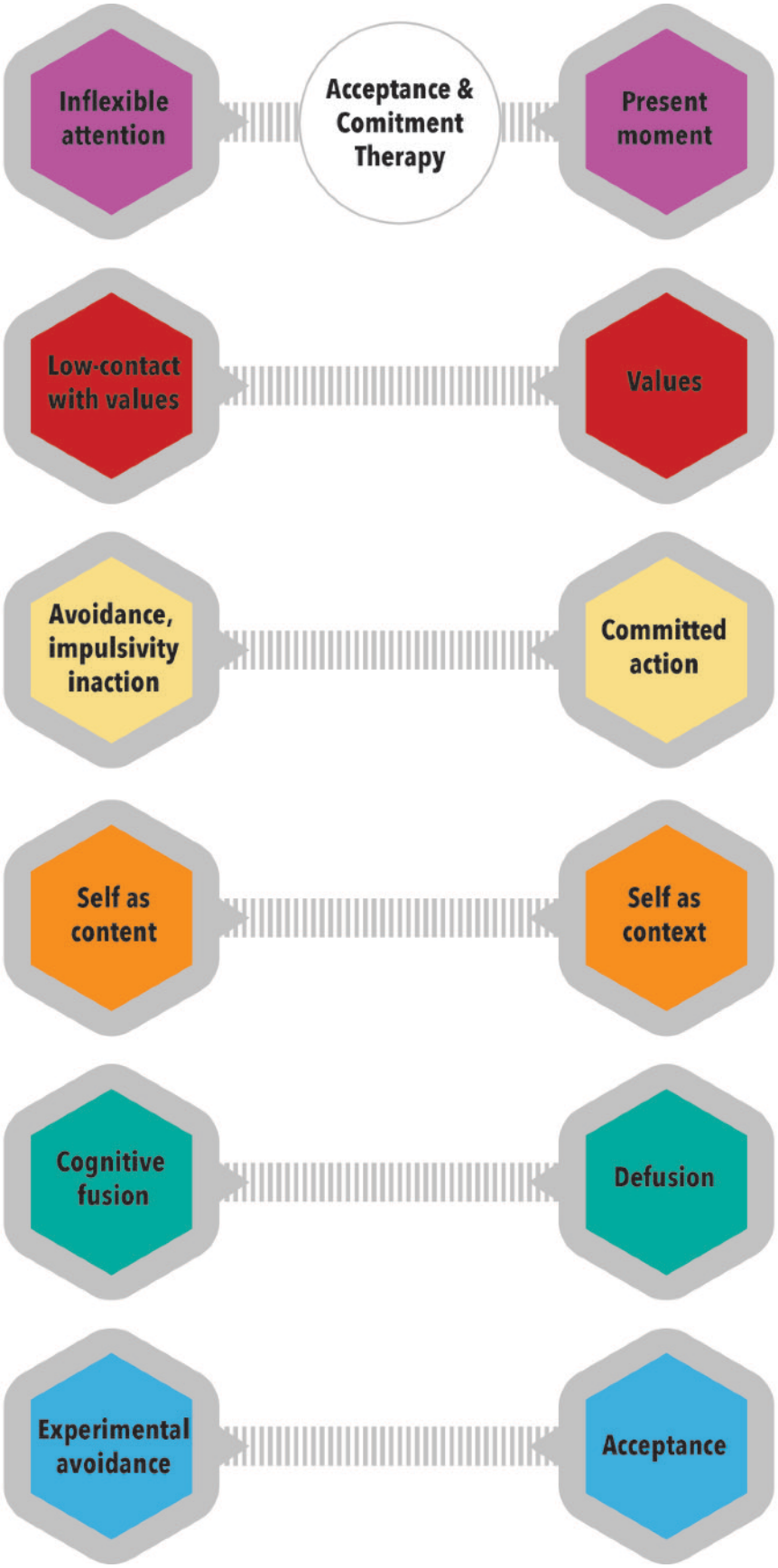
ACT and other "third wave CBT" approaches may address these concerns. ACT is gaining research support.

Clinical trials support the use of ACT for the treatment of anxiety, depression, disruptive behaviors, eating disorders, pain, PTSD, psychosis and substance use disorders (http://legacy.nreppadmin.net/ViewIntervention.aspx?id=191; http://www.mentalhealth.va.gov/depression/act-d.asp; http://www.ptsd.va.gov/professional/continuing_ed/actherapy.asp; https://contextualscience.org/ACT_Randomized_Controlled_Trials).

ACT also has been shown to reduce social workers' burnout, which is a common problem in substance treatment (Brinkborg et al., 2011).

Trainers should review the graphic of the theoretical model below.

Theoretical model



Motivational Interviewing

We assume experienced master's-level therapists have previous exposure to MI. To review, the spirit of motivational interviewing includes PACE (Partnership, Acceptance, Compassion, Evocation). MI tools include OARS: Open Ended Questions, Affirmations, Reflections, Summaries. The MI phases are: engagement, focusing, evoking and planning. The following MI exercise reinforce what therapists may already know.

Drumming for change

In this activity, therapists drum the table when they hear change talk (desire, ability, reason, need), cheer when they hear activating change talk (commitment, activation, taking action) and are silent when they hear sustain talk. The following are sample statements: 1) I really should stop smoking cigarettes; 2) There's nothing wrong with marijuana; 3) I want to start exercising more; 4) I'm willing to go to AA; 5) My parents make me use drugs; 6) I am going to buy a gym membership; 7) I bought a healthy cookbook yesterday; 8) I like being high; 9) I will stop using drugs someday; 10) I have to get sober; 11) I could get sober if I really wanted to; 12) It would save me money if I stopped smoking; 13) I am willing to come to treatment; 14) Marijuana is organic and natural; 15) I stopped smoking weed yesterday.

MI baseball

In this exercise, therapists stand in a circle of three to eight people. One person is the batter and stands in the middle of the circle. The batter looks at people in the circle, and each one gives the batter sustain talk. The batter responds in a way to soften the sustain talk. Sample responses are simple reflections, complex reflections, affirmations or emphasizing autonomy.

MI jeopardy

In small groups of two or three people, participants come up with an Open-ended question, Affirmation, Reflection or Summary that could elicit the following change talk: 1) I want to stop smoking so I can do better in school; 2) I can get a job easily; 3) I have to make this change so my girlfriend doesn't leave me; 4) If I stop smoking cigarettes, I can save $30 a month; 5) I am not going to drink hard alcohol anymore; 6) I'm willing to try an NA meeting; 7) I stopped smoking weed two days ago.

Real play

Participants can divide into groups of two or three. If they are in group of three, then one person is a client, another is a therapist, and another is a recorder. The client picks a change they want to make but haven't made yet. The change should be real, but not too personal. The therapists interviews the clients while the recorder takes notes on change talk. After between five and 10 minutes, the real play stops, and the recorder makes a summary statement using the change talk. The group then talks about the real play.

Present-moment focus

Trainers lead therapists through a present-moment focus exercise. Trainers will then give examples of informal questions related to present moment focus. These include: "Where do you feel that in your body?" and "What is your mind saying?"

After each break, trainers start again with a present-moment focus exercise. If appropriate, trainers can invite a trainee to lead the present-moment focus exercise. Present-moment focus exercise included in the manual are: body scan breathing exercise, blowing bubbles, feeling wheel, five things you notice, noticing your hand, sitting with an urge, younger you, older you.

Starting to do ACT

Informed consent

To practice informed consent, therapists divide into groups of two. They take turns explaining the informed consent to each other. Then they take a few minutes to discuss how the practice went.

ACT Matrix

To practice the matrix, therapists complete a matrix as it relates to their work as therapists and attending the training. They take turns sharing their matrix in groups of up to four people. Other group members practice asking clarifying questions and providing reflective statements about the matrix. After everyone has had a turn, therapists take a few minutes to discuss this process. Therapists should keep their matrix for future exercises.

Values

18th or 21st birthday exercise

Could be adapted to 50th birthday or retirement)

In this exercise, therapists are asked to share what they would want people to say about them at their 50th birthday, retirement or some other important milestone.

Thriving adolescent conversation cards

In groups of two to four therapists, therapists take turns working through the conversation card deck for about five minutes. They discuss the process of working through the conversation cards.

Two sides of the same coin

The trainer explains this worksheet to therapists and invites them to think of how they would complete it. Therapists are invited to notice, and not share, their responses.

Values sort cards

In this exercise, therapists sort the values cards into three groups: very important, somewhat important and not important. Therapists then discuss their very important group in groups of two to four therapists. After everyone has had a turn, groups take a few minutes to discuss the process.

Creative Hopelessness and Acceptance

ACT matrix

Using the matrix from the previous exercise, therapists complete the exercise by making columns next to their "away" moves labeled short-term, long-term and values. On a scale of 0 (not well) to 10 (very well), therapists put a number next to each away move corresponding to how well the away move works.

In groups of two to four, therapists take turns explaining the following metaphors/exercises: Bean Boozled, Black Jack, covering up the matrix, finger traps, delete a memory, hands as thoughts, paper in face, ping pong balls, hands on the table, holding a porcupine, quicksand metaphor, white noise metaphor, wrinkled sock exercise, and writing acceptance.

Videos

The trainer plays the following videos for the trainees: passengers on a bus, unwelcome party guest and quick sand. Trainers invite comments and questions related to the videos.

Defusion

Trainers provide therapists with the Hooks Worksheet and ask them to complete as it applies to seeing clients and attending the training. Therapists then break into groups of 2-4 to practice the following defusion exercises: bubble exericse, milk, leaf on a stream, naming and giving physical description, noticing thoughts, rephrasing, singing it out (or silly voice), table exercise, turning hands and

word web. Each therapist takes turns practicing an exercise using their partner's responses on the Hooks Worksheet.

Therapists should try to complete each exercise at least once. When all the exercises have been practiced, therapists should take turns thinking of informal questions that may emphasize defusion. Examples include, "What is your mind saying?", "What does your mind machine say about this?" "or What shows up for you when you do this?"

Putting it Together

Trainers provide therapists the Putting It Together worksheet. Therapists should think of a recent situation presenting an opportunity to use ACT skills. Then they should complete the worksheet and ask the trainer if they have have questions or need assistance.

Committed Action

Trainers ask therapists to review their Matrix and think about a change they want to make as a result of seeing their Matrix. In groups of two to four people, therapists take turns sharing their SMART goals about a change they are thinking about making.

Crisis session

Therapists review and discuss the Suicide Worksheet and the strategies for handling suicide (increasing acceptance and defusion, promoting connection with values, taking small and meaningful steps to improve the situation).

Closing

At the end of the training, trainers invite general questions or comments people have. Trainers encourage therapists to take advantage of resources for further MI and ACT training (e.g. www.motivationalinterviewing.org and www.contextualscience.org).

They provide therapists with the Training Evaluation worksheet (see below). As they provide therapists with this worksheet, they emphasize the importance of seeking feedback from clients using the Session Helpfulness Scale. Trainers invite therapists to share their comments on the training and thank therapists for their honest feedback.

It takes courage to grow up and turn out to be who you really are. – e. e. cummings

Training Evaluation Worksheet

The training was helpful.

Definitely no	1	2	3	4	5	6	7	8	9	10	**Definitely yes**

I liked this training.

Definitely no	1	2	3	4	5	6	7	8	9	10	**Definitely yes**

I understand how to do impACT.

Definitely no	1	2	3	4	5	6	7	8	9	10	**Definitely yes**

I have confidence that I can do impACT.

Definitely no	1	2	3	4	5	6	7	8	9	10	**Definitely yes**

I plan to use what I learned.

Definitely no	1	2	3	4	5	6	7	8	9	10	**Definitely yes**

How can this training be more helpful or effective?

Contingency Management Tickets

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