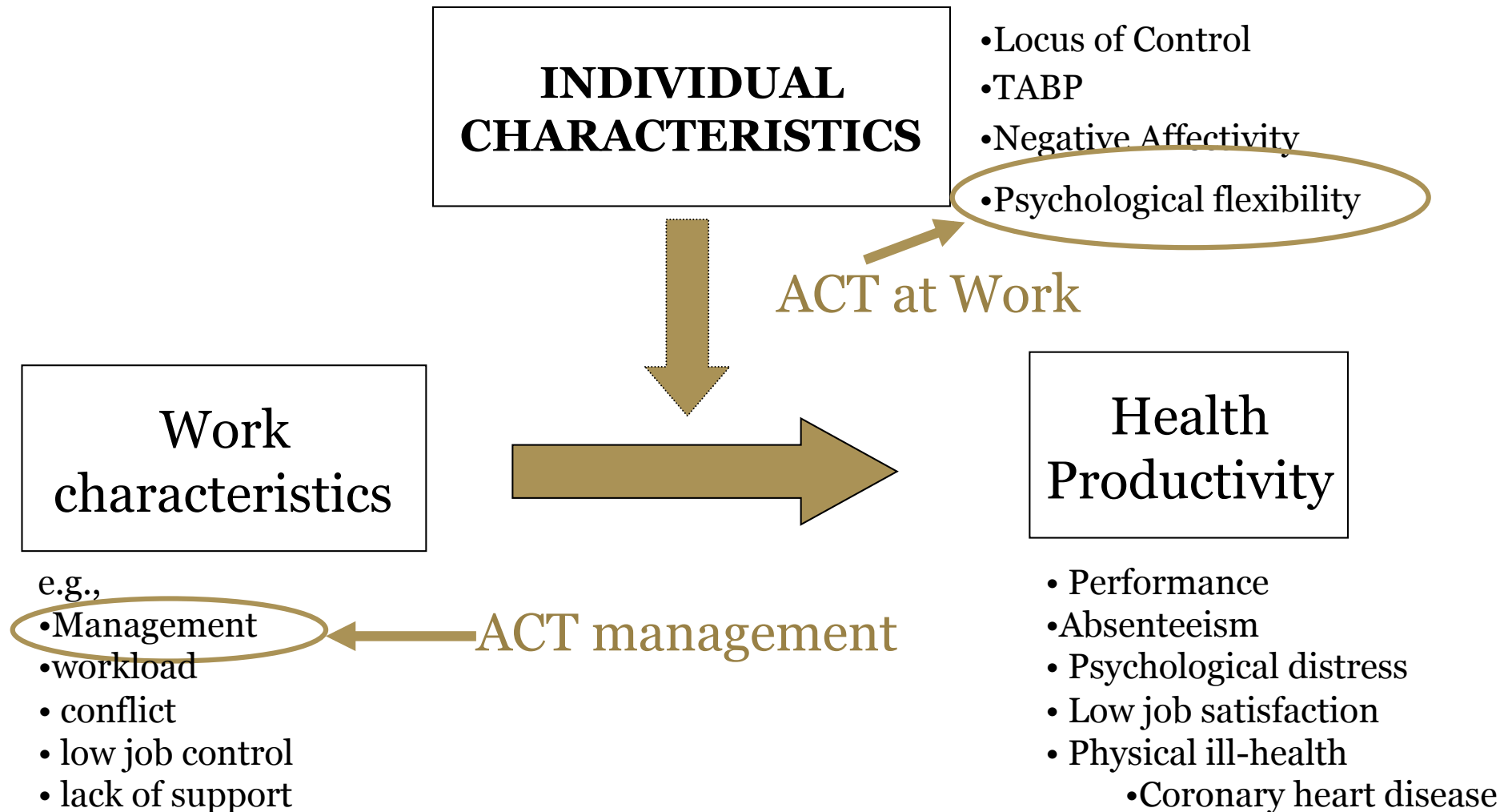


ACT at work: Enhancing health AND productivity

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What causes stress at work?



ACT as a '3rd wave' CBT

First wave – Traditional behaviour therapy

- Techniques based on classical and operant conditioning
 - Systematic desensitisation
 - Exposure and response prevention
- Problem: Techniques needed to address human cognitive processes

ACT as a 3rd wave CBT

Second wave – Cognitive behaviour therapy

- Techniques based on changing the form or frequency of cognitions
 - Cognitive restructuring (Beck, 1976)
 - Disputing demandingness (Ellis, 1962)

Problems with 2nd wave CBTs

- The link between cognitive therapy and basic cognitive science is weak – CBT techniques have not emerged directly from the basic cognitive science laboratories.
- Component analysis studies have generally failed to find support for the importance of direct cognitive change strategies, which is the common sense lynch pin of CBT
- Well-known cognitive therapists have been forced to conclude that in some important areas there is “no additive benefit to providing cognitive interventions in cognitive therapy” (Dobson & Khatri, 2000, p. 913).
- The response to traditional cognitive therapy often occurs before cognitive change techniques have been implemented--a finding that has still not been adequately explained.
- Support for the hypothesised mediators of change in CBT is weak.
 - Taken from Hayes, Luoma, Bond, Masuda, & Lillis (2006)

3rd wave CBTs

- Focus is not on changing the content or frequency of internal events
- Focus is on changing people's reactions to those internal events
 - For example, through mindfulness or defusion techniques whereby thoughts and feelings are seen as processes that do not have to be engaged with, changed, or determine behaviour.

3rd wave CBTs

- Put another way, the common goal is to alter the function of problematic psychological events (e.g., in terms of their felt impact and reasons for acting), even if their form or frequency does not change or changes only slowly

Changing form/frequency is fine,
if it does not get in the way of
one's values or goals

So, having a drink/reading a book at night
to relax temporarily is no problem

Needing always to feel relaxed is a
problem in that it is likely to get in the
way of other values/goals.

Examples of 3rd wave CBTs

- ACT (Hayes, 1987; Hayes et al., 1999)
- Dialectical behaviour therapy (DBT; Linehan, 1993)
- Mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2001)
- Meta-cognitive approaches (Wells, 2000)
- Behavioural activation (Jacobson et al., 2001)
- Functional analytic therapy (Kohlenberg & Tsai, 1991)

Psychological flexibility: ACT's model of psychological health

The ability to focus on the present moment and, depending upon what the situation affords, persist with or change one's behaviour in the pursuit of goals and values .

Psychological flexibility

The ability to **focus on the present moment** and, depending upon what the situation affords, persist with or change one's behaviour in the pursuit of goals and values .

Psychological flexibility

The ability to **focus on the present moment** and, depending upon what the situation affords, persist with or change one's behaviour in the pursuit of **goals and values**.

Barriers to present-focused attention

People cannot focus comprehensively on the present moment when their attention is directed at altering, avoiding, suppressing, analyzing, or otherwise controlling, their psychological, or internal, events (e.g., thoughts, feelings, physiological sensations, images, and memories).

Mindfulness

Psychological flexibility involves not controlling one's internal experiences, when doing so prevents goal attainment (e.g., when avoiding fear prevents people from taking goal-directed action); instead, flexibility involves people deliberately observing their internal experiences on a moment-to-moment basis, in a non-elaborative, open, and non-judgmental manner.

A mindful stance towards internal events:

Frees people from the need to control those events, or be overly guided by them;

instead, it allows people to re-direct their limited attentional resources to the present moment

As a result, **psychologically flexible people are less emotionally disturbed, and they have more attentional resources for noticing and responding effectively to goal-associated opportunities that exist in the present situation**

Psychological flexibility

The ability to focus on the present moment...

This is promoted through mindfulness, which frees up attentional resources and decreases emotional distress.

...and, depending upon what the situation affords,...

We are better able to notice this as a result of being mindful.

...persist with or change one's behaviour in the pursuit of our goals and values.

Being mindful frees us emotionally to identify those goals and values.

PF: How to think about it

- Don't let your worries and fears get in the way of what you want to accomplish.
- “Feel the fear and do it anyway.”
- “PF” does NOT refer to being mindful about events that occur outside of one's “head” and “heart” (e.g., an unfulfilling job, an abusive relationship).

PF, contingency sensitivity and work

Workers with more PF may be more sensitive to important contingencies of reinforcement at work (through their greater mindfulness). Their greater mindfulness also allows them to have more responses available for contacting these contingencies, because they are not very avoidant; thus, PF helps people to *learn* more successfully how they can enhance their mental health and job performance.

Psychological flexibility: Does it predict as it should?

- There are now 27 studies using the Acceptance and Action Questionnaire (AAQ), involving 5,616 participants.
- How is it working?

AAQ Scores Are Associated With

- Higher anxiety
- More depression
- More overall pathology
- Poorer work performance
- Inability to learn
- Substance abuse
- Lower quality of life
- Trichotillomania
- History of sexual abuse
- High risk sexual behavior
- BPD symptomatology and depression
- Thought suppression
- Alexithymia
- Anxiety sensitivity
- Long term disability
- Worry

AAQ meta-analysis findings

All reported correlations support the model

- BDI (8 studies) .50
- SCL 90 (3 studies) .53
- BAI or STAI (3 studies): .49
- GHQ (3 studies): .40
- Overall effect size .42
 - (CI: 0.40– 0.44)

– *See Hayes et al. (2006) for a detailed summary*

Summary of ACT treatment studies

- Overall ACT seems to be producing consistently positive gains, sometimes quickly, across an unusually broad range of problems including notably severe ones, and at times better than existing empirically supported procedures,
- It seems to work through at least some of its theoretically specified processes and components, not just through general processes of change.
 - *See Hayes et al. (2006) for a detailed summary*

Mediation or Moderation – in 26 RCTs

	RCTs	Mediation		RCTs	Mediation
– Depression	2	2	• OCD1	1	
– Stress	3	3	• Epilepsy	1	1
– Psychosis	2	1	• Diabetes	1	1
– Anxiety	1	1	• Weight	1	1
– Pain	3	1	• Prejudice	2	1
– Burnout	1	1	• Learning	2	1
– Trich	1		• Cancer	2	1
– Substance	1		• Smoking	1	1
abuse			• BPD 1	1	

- 69% show *successful* mediation or moderation; 92% report coherent process differences; only 2 are silent

Summary of ACT used in the workplace

- Randomised controlled trials show that increasing flexibility is the mechanism, or mediator, by which ACT interventions improve mental health, innovation potential, and reduce burnout rates.
 - Bond & Bunce, 2000; Flaxman & Bond (in prep.), Hayes, Bissett, Roget, Padilla, Knollenberg, Fisher et al., 2004.

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A worksite SMT study: Method

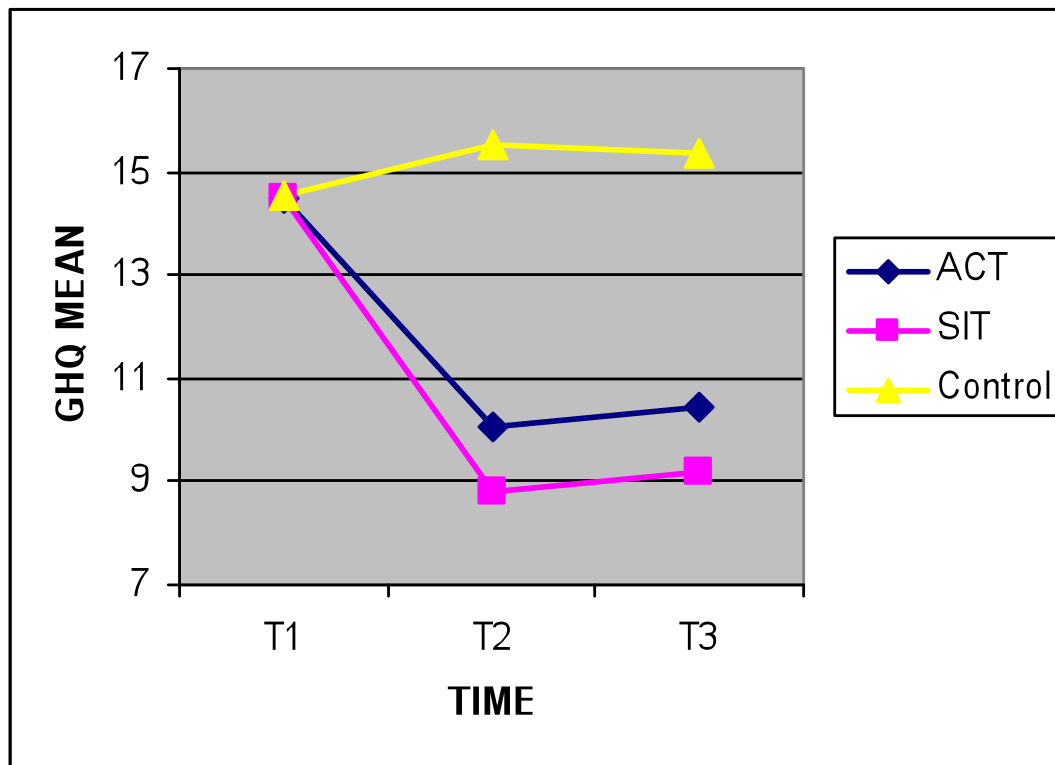
Time 1: Baseline (session 1)

Time 2: Three months later (session 3)

Time 3: Follow-up (baseline + 6 months)

A worksite SMT study: Results

Psychological Distress (GHQ)



T1 to T3 effect sizes:

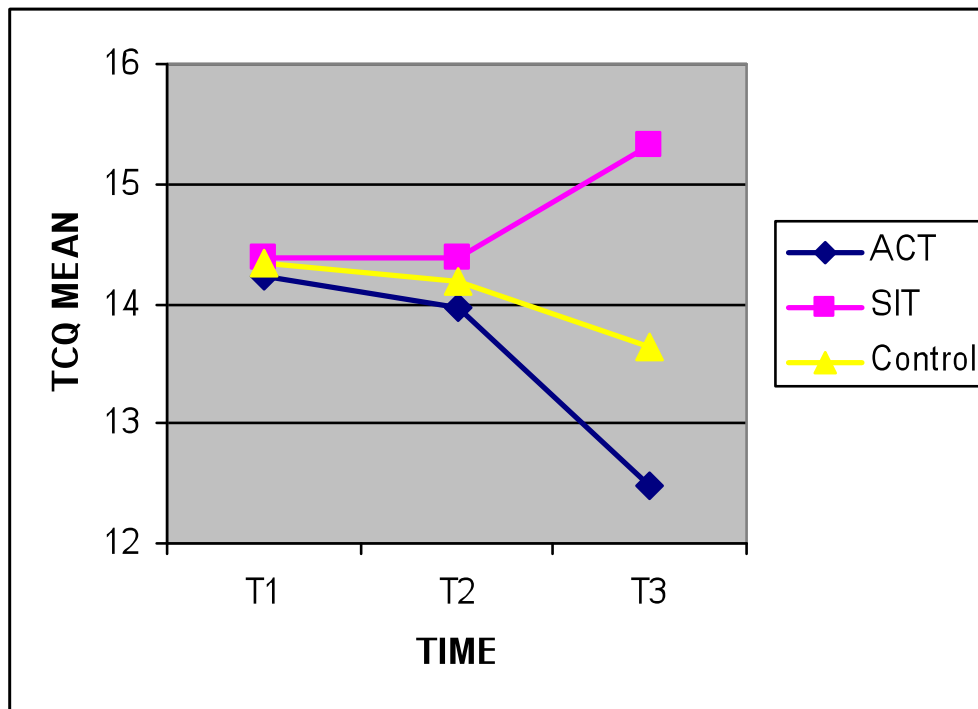
ACT: $\eta^2 = .26$

SIT: $\eta^2 = .31$

[Both large effects]

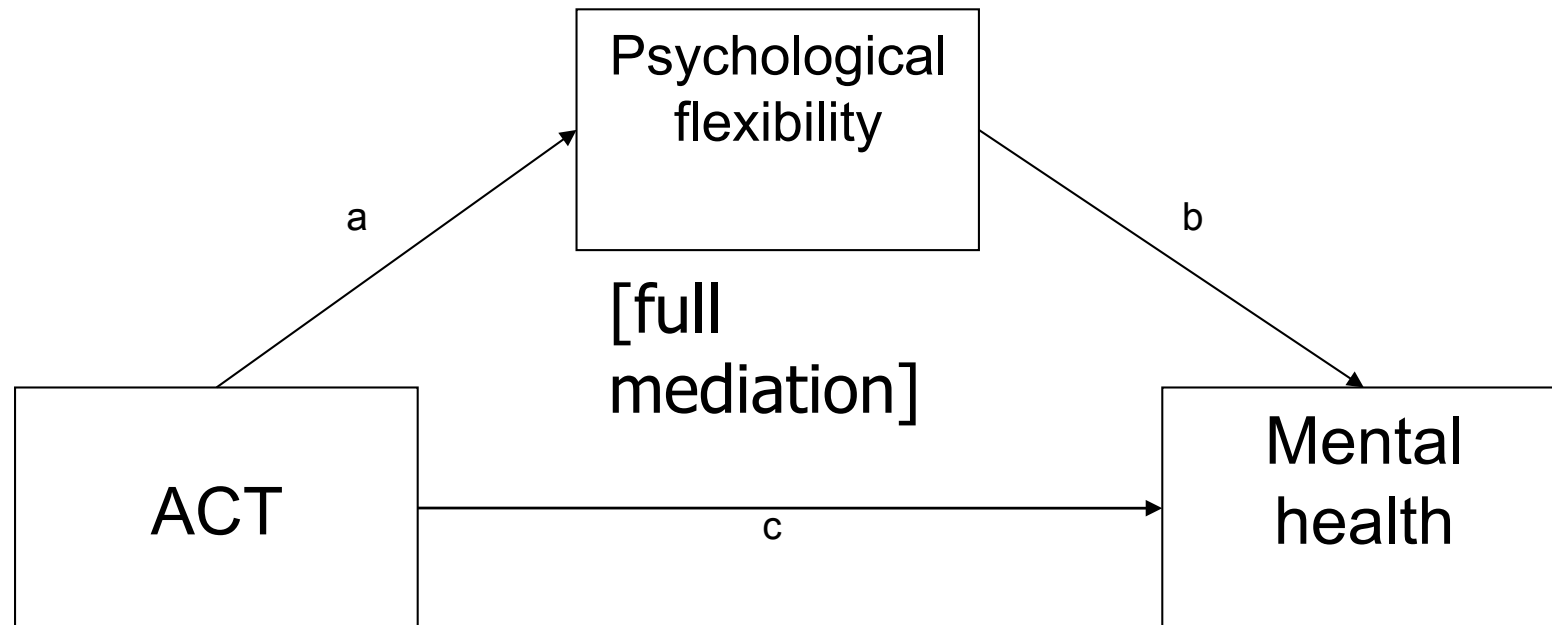
A worksite SMT study: Results

Negative Thought Re-Appraisal Strategies



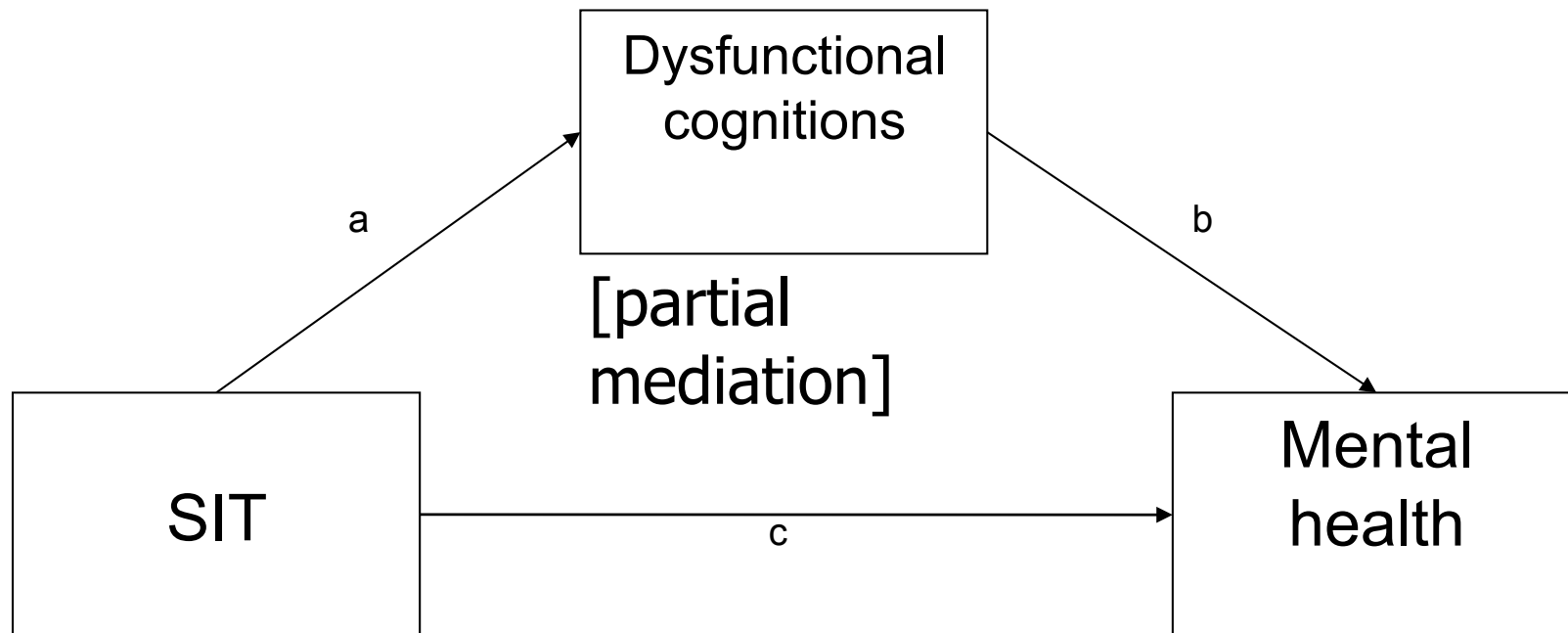
Typical item: ***When I experience an unpleasant thought, I challenge the thought's validity***

A worksite SMT study: Results



An increase in psychological flexibility fully mediated the mental health improvements in the ACT group

A worksite SMT study: Results

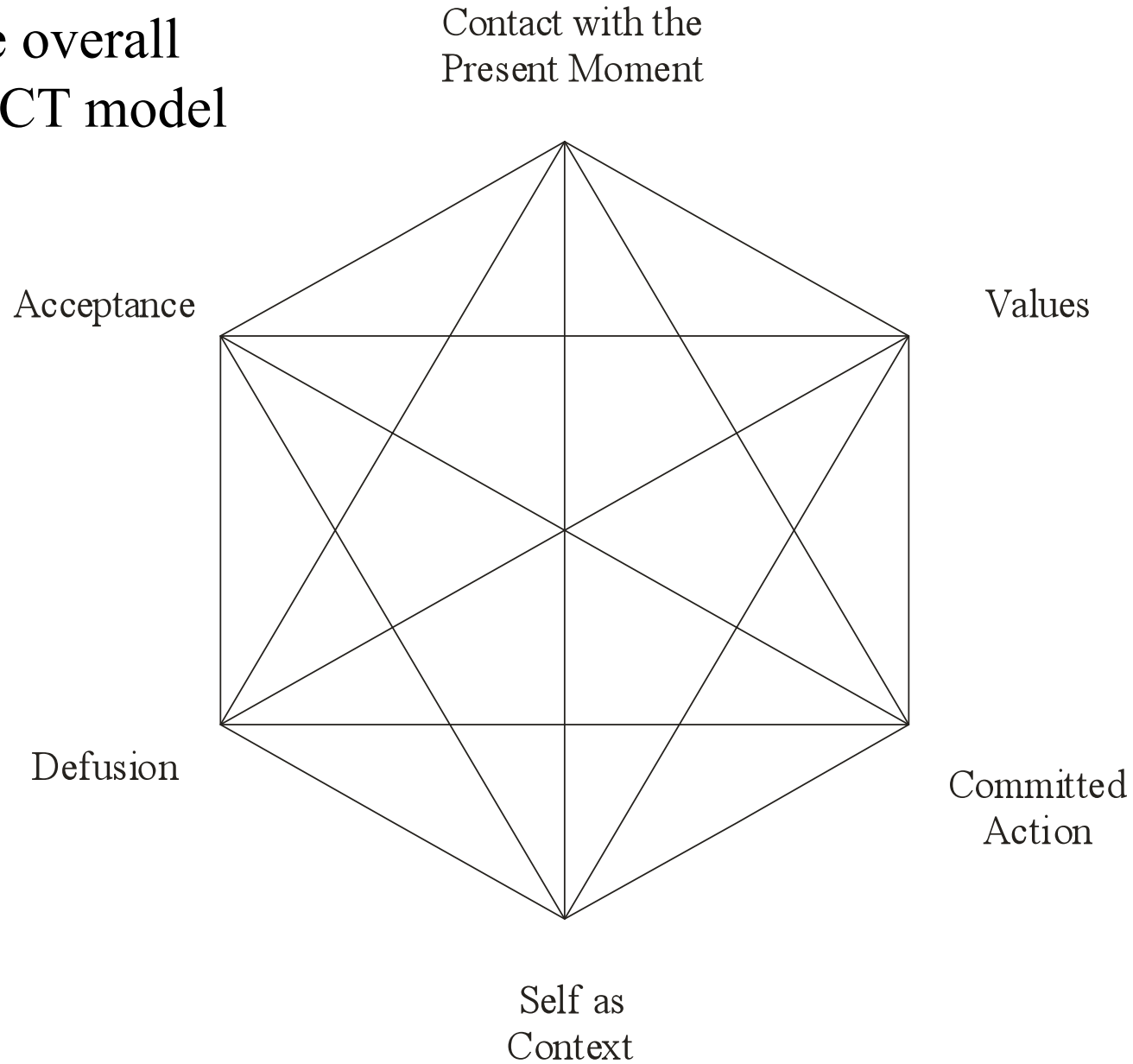


A reduction in dysfunctional cognitions partially mediated the mental health improvements in the stress inoculation training (SIT) group

ACT: Two Key Components

1. Learning to experience undesirable thoughts and feelings, without trying to control them, change them, or avoid them (i.e., **mindfulness**)...
2. ...so that, we can take action that moves us towards our goals, even when undesirable thoughts and feelings show up (i.e., **goal committed action**).

The overall ACT model



**Acceptance and
Mindfulness
Processes**

Contact with the
Present Moment

You can chunk
them into two
larger groups

Acceptance

Values

Defusion

Committed
Action

Self as
Context

and

Contact with the
Present Moment

Commitment
and Behavior
Change Processes

Acceptance

Values

Defusion

Committed
Action

Thus the name
“Acceptance and
Commitment
Therapy”

Self as
Context

Te 4 ACT sub-components

1. Mindfulness

- Realise that trying to change or avoid your thoughts and feelings does not work (**Control is the problem**)
- Change the way you respond to your thoughts and feelings (**Defusion**)
- Promote emotional willingness not emotional fighting (**Acceptance**)

2. Goal committed action

- Commit to your values and goals, not your pain and fear (**Valuing as a choice**)

Control is the problem

- **Purpose:** To notice that there is a change agenda in place and notice the basic unworkability of that system; to name the system as inappropriately applied control strategies; to examine why this does not work.
- **Method:** Draw out what things the client has tried to make things better, examine whether or not they have truly worked in the client's experience, and create space for something new to happen.
- **Strategies:** Polygraph metaphor; Quicksand/Skiing metaphor

Control is the problem:

Change and avoidance do not work!

- Can you really try not to be anxious?
 - The polygraph metaphor
- If you aren't willing to have it, you've got it!

Change the way you respond to your thoughts and feelings

- Thoughts and feelings are knee – jerk reactions (based upon our history, biology and genetics)
 - Blondes have more...
 - There's no place like...
- So, buying into them makes no sense, especially as you can't control them!

Cognitive defusion

- **Purpose:** See thoughts as what they are, not as what they say they are.
- **Method:** Expand attention to thinking and experiencing as an ongoing behavioural process, not a causal process.
- **Strategies:** Leaves on the stream; “Is it possible to think that thought, as a thought, AND do x?”; Carry your keys wherever you go.

Defusion:

See a thought don't think a thought

Defusion techniques

- Thoughts as yellow tinted sunglasses
 - Know you have them on and see through them from a distance.
- I'm having the thought that...
- I'm having the feeling that...
- I'm having the memory that...

Defusion:

See a thought don't think a thought

Defusion techniques

- How has that worked for me?
 - When you are buying a thought or an urge, back-up for a moment (take off those sunglasses!) and ask yourself, 'How has that worked for me'? If it hasn't worked for you, ask yourself, 'Should I be guided by my mind or my experience'?

Defusion:

See a thought don't think a thought

Defusion techniques

- *Notice* your thinking don't *follow* your thinking!

Acceptance

- **Purpose:** Allow yourself to have whatever inner experiences are present when doing so fosters effective action.
- **Method:** Reinforce approach responses to previously aversive inner experiences, reducing motivation to behave avoidantly (altering negatively reinforced avoidant patterns).
- **Strategies:** Unhooking (Thoughts and feelings do not always lead to action.); Moving through a swamp metaphor

If you fight the feeling, it will punch back!

- If you are truly willing to experience ALL of your thoughts, feelings and impulses, they will:
 - Impact you less
 - Not have so much control over your actions
 - *Quicksand*
 - *Chinese handcuffs*

Lean into – not pull away from – the thoughts and feelings



What is emotional willingness?

- Embracing your pain/fear as you would embrace a crying child.
- Sitting with your pain/fear the way you would sit with a person who has a serious illness.
- Inhaling your pain/fear the way you would take a deep breath.

What emotional willingness is *not*!

- Resisting your pain/fear
- Ignoring your pain/fear
- Forgetting your pain/fear
- Doing what your pain/fear says
- Not doing what your pain/fear says
- Believing your pain/fear
- Not believing your pain/fear

Self as context

- **Purpose:** Make contact with a sense of self that is a safe and consistent perspective from which to observe and accept all changing inner experiences.
- **Method:** Mindfulness and noticing the continuity of consciousness.
- **Strategies:** Observer exercise; meditating; chessboard metaphor

Valuing as a choice

- **Purpose:** To clarify what the client values for its own sake: what gives your life meaning?
- **General Method:** To distinguish choices from reasoned actions; to understand the distinction between a value and a goal; to help clients choose and declare their values and to set behavioural tasks linked to these values.
- **Strategies:** What if no one could know?; Tombstone; What pain would you have to contact to do what you value?

Values and pain/fear

- When we care about something (i.e., when we value it), we open up ourselves to pain/fear, because we may not get it... or we may lose it.
 - Defusion and willingness help us to have that pain AND identify and go after our goals.

What do you value in these areas?

- Partnership (e.g., marriage)
- Parenting
- Other family relations
- Friendship/social relations
- Career/employment
- Education/training/personal growth
- Recreation/leisure
- Spirituality
- Citizenship (e.g., volunteering, voting)
- Health/physical well-being

Commit to these values, despite the pain/fear

- Go after your goals and values, even if you have to ‘feel the... fear/unhappiness/frustration’
 - The swamp
 - Bubble in the road

Wrapping up ACT

Can I pursue my values and goals AND be willing to experience (but not buy into) the thoughts and feelings that I encounter in doing so?

ACT at Work:

‘2+1’ method of delivery

- Group format
- Three sessions
- Three hours for each sessions
- 2+1 method of session delivery
 - *2 sessions in consecutive weeks, with the third three months later.*
 - *3rd session functions as a ‘booster’ session.*

Clinical goals

Intervention techniques

Creative hopelessness

Questioning workability
“...And how has that worked for you?”

Control is the problem

The paradox of control
“If you aren’t willing to have it, you’ve got it.”

Consequences of control
Polygraph metaphor

Defusion/Acceptance

Costs of low willingness
Clean vs. dirty discomfort

Willingness as full experience
skiing metaphor

Just noticing exercise
Leaves on the stream

Buying thoughts
Blondes have more...

Defusion/
Acceptance

Get off your butts
*Replace self-referential uses of
“but” with “and”.*

Observer exercise
Promoting self as context

The willingness question
*Promoting goal-directed action
with willingness*

Tin can monster exercise
*Promote willingness of difficult
internal events*

Values-based
action

Eulogy
*Write down what you would
have wanted to stand for and
be, once you were dead.*

Values clarification
*List and prioritise values in
work and personal domains.*

The willingness question
*Promoting goal-directed action
with willingness.*

Values-based
action

The observer and tin can
monster exercises are firstly
repeated.

Willingness as a
values-based
action

Bubble in the road metaphor
Action with willingness

Goal, Action, and Barrier
clarification

*List value-directed goals, and
the barriers to taking actions
to accomplish them.*

Public commitment to values
*State intentions to valued-
directed actions.*

Clinical goals

Intervention techniques

Session I

Defusion/Acceptance

Mindfulness as a non-judgmental approach

Awareness training—
Focusing on the body

We control our attention
and behaviour—not our
mind

Just noticing exercise
Leaves on the stream

Observer—hands and face

Values-based
action

Driving the bus

Values—Directions, goals,
internal barriers

Physicallising

Session II

Values-based
action

Body-scan and breathing
Eulogy

Values clarification

*List and prioritise values in
work and personal domains.*

The willingness question

*Promoting goal-directed action
with willingness. (What does
your mind tell you that gets in
the way?)*

Mindfulness and
Values

What is the connection between
the two?

Two pieces of paper

Milk and values

Mindfulness

Thoughts on a screen

Values-based
action

Passengers on the bus

Session III

Body scan
Bulls-eye/barriers
identification
House, not the furniture
Light switch
Path up the mountain

Getting into the organisation: Key considerations

- Use their language, not yours
- Emphasise the versatility of what you can do: can address BOTH effectiveness/productivity AND well-being
- Know what your contact and the organisation need and value: they might not need and value the same thing, to the same extent
 - What does each party want out of any work?

Getting into the organisation:

Key considerations

- Help them (perhaps behind the scenes) to sell your ideas to top management
- Be flexible with regards to the project
- Try to pick up on the subtext of what everyone is saying
- Nurture individual relationships as they may grow later or in a different organisation