

CHAPTER 3

Flexibility and Reinforcement

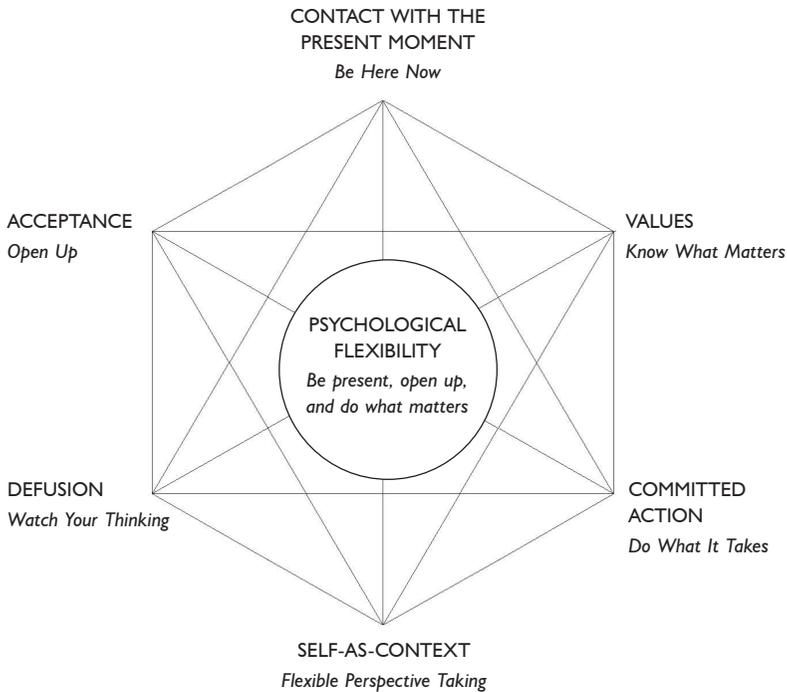
When we are new to ACT, most of us do it in a somewhat formulaic manner. I call this “chunky ACT” because we tend to do a chunk of defusion, a chunk of values, a chunk of acceptance, and so on. We also tend to move from one chunk to another in a prescribed manner, using a narrow range of standard metaphors and exercises, somewhat like following a protocol. This is perfectly natural—and a good place to start.

However, over time we aim to develop a more fluid and flexible way of working, moving freely and rapidly between processes so as to respond most effectively to the ever-changing demands of the ever-changing situation—in other words, dancing around the hexaflex.

The Hexaflex Dance

Please take a look at the diagram below to refresh your memory of the hexaflex.

Getting Unstuck in ACT



The more fluidly we can dance around the hexaflex, the less likely we are to get stuck in session. If we get stuck while working on one corner, we can simply shift to another. Then, later, we can return to wherever we got stuck.

For example, suppose we introduce values and the client says, “This is a waste of time. My life sucks and there’s no point trying to change it.” We could then dance across to defusion: “It seems as though your mind isn’t too keen on us exploring this. Any other objections it wants to make?”

Or suppose that, in a values exercise, the client gets flooded with guilt. We could then dance across to acceptance: “So where are you feeling this in your body right now? See if you can breathe into it. Place a hand over the feeling and see if you can hold it gently.”

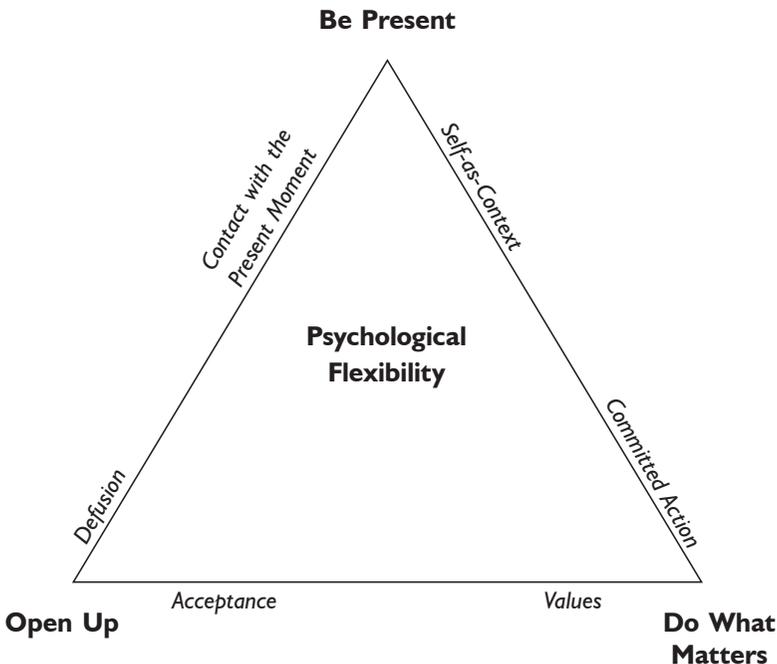
Or suppose we’re working on acceptance of anxiety but the client is finding it hard. We could dance over to values: “Just take a moment to remember what this work is about: being there for your kids—loving

them and caring for them the way you truly want to, deep in your heart. If you need to make room for this anxiety in order to be the sort of mother you want to be, are you willing to drop the struggle with it?"

At first this dance may seem daunting, but we can make it easier if we reimagine the hexaflex as a triflex.

Dancing around the Triflex

Here's a diagram of the triflex, which compresses ACT's six core processes into three.



- At the top we have “Be Present”: contacting the present moment and self-as-context.
- To the left we have “Open Up”: acceptance and defusion.
- To the right we have “Do What Matters”: values and committed action.

Thus, in terms of the triflex, psychological flexibility is the ability to be present, open up, and do what matters: to direct our attention, with curiosity and openness, to whatever matters most in this moment; to open ourselves fully to our experience, making space for all our thoughts and feelings; and to act in accordance with our values.

If we're working on the right corner ("Do What Matters") and the client becomes fused or avoidant, we can dance to the left corner ("Open Up") and help the client defuse from difficult thoughts or accept painful feelings.

Similarly, if we're working on the left corner ("Open Up") and the client is holding on tightly to a thought or fighting against a feeling, we can shift to the right corner ("Do What Matters"). For example, we can ask the client, "If you hold on tightly to that thought, will it help you be the person you want to be and do the things you want to do?" Likewise, we can ask her to consider what matters enough that she would be willing to make room for the difficult feeling.

Finally, if we get stuck at either the left or right corner (or both), we can simply come back to center and focus on being present. Being present is a powerful fallback position, as it's hard for fusion and avoidance to thrive when we're fully in contact with the present moment.

To ground the client in the here and now, we first get her to notice the external and physical aspects of her experience: where she is, what she's doing, and what she can see, hear, touch, taste, and smell, or some combination of those elements. Then, as she's noticing all of this, we ask her to also notice her thoughts and feelings. This naturally segues into defusion and acceptance, as both processes begin by simply noticing what thoughts and feelings are present.

Consider, for example, the client who is at the extreme end of fusion, avoidance, and unworkable action. Such a client is likely to have major problems in every important area of her life (and has probably been given a daunting diagnostic label, such as borderline personality disorder). Now suppose that the first time we meet this client, she enters the room already in a state of acute crisis or shock, or that within the first few minutes of the session she becomes extremely distressed or agitated. What could we do?

Dropping Anchor

The obvious option is to go straight to the top of the triflex and help the client ground herself. I find the following technique, which I call Dropping Anchor, extremely helpful here.

Therapist: I'm sorry if this seems rude, but can I please interrupt you for a moment? I want to hear the rest of your story, but there's something we need to do first. You see, at the moment, you're all caught up in an emotional storm. There are all sorts of painful thoughts and feelings whirling around in your body and mind, and while you're being swept away by that storm, there's nothing effective you can do. So is it okay if we take a moment to drop an anchor? An anchor doesn't make the storm go away; it just holds you steady until the storm passes. Is it okay if we take a moment to do this, and then you can tell me the rest of it? *(Once the client agrees, the therapist continues with the grounding or centering process.)* Thanks.

Well, keep noticing that anxiety in your body and those scary thoughts in your head and simultaneously push your feet into the floor, really hard. And sit up straight, and get a sense of your body in the chair. And look around the room and notice what you can see and hear. And see if as well as noticing your body in the chair, and your feet on the floor, and the room around you, and the anxiety in your body, and the thoughts in your head...see if you can also be really present with me. Get a sense of you and me, working together, in this room, right here and now, doing something important.

Notice that in the above transcript the therapist isn't merely talking about ACT; he's doing it. He has moved straight into active intervention, even though it's just the first session!

What if the client were to have a flashback or start dissociating? In that case, we could drop the metaphor about the emotional storm and move straight into grounding or centering. Indeed, we could do this brief grounding intervention five, ten, or twenty times throughout the

session—as often as needed to keep the client psychologically present—and then ask her to practice the technique between sessions.

Also notice how the therapist avoids sending mixed messages during the grounding process. He asks the client not only to notice her feet on the floor, her body in the chair, what she can see and hear, and so on, but also to notice her anxious thoughts and feelings. Without the latter instruction, the client would probably assume that the purpose of grounding is to distract herself from painful thoughts and feelings.

Grounding or centering techniques are an excellent first-line response with any client who is overwhelmed by pain, highly fused, in crisis, having a panic attack, having a flashback, or dissociating. Once the client is back to being present, we can then gently return to either opening up or doing what matters.

The Dropping Anchor technique is also a great starting point for any client who presents in great distress or is grappling with a pressing problem. In these situations, many therapists go straight into problem-solving mode even though the client is in a state of high fusion and avoidance. However, this is likely to be ineffective, as it's hard to think clearly in such states, and it also misses the opportunity to teach the client an incredibly useful mindfulness skill. It's best to ground the client first and then move on to constructive problem solving.

Of course, some clients get very distressed because their problem or issue can't be solved right away. This clearly calls for acceptance, and dropping an anchor is a powerful first step.

Therapist: Obviously you want to resolve this issue as fast as possible, and shortly we'll brainstorm everything you can possibly do. But first let's be realistic: This problem is highly unlikely to be fixed or solved in the next twenty-four hours. So we need to consider what you want the next twenty-four hours to be about. You could spend them being helplessly tossed around in an emotional storm, or you could drop an anchor to steady yourself so the storm can't toss you around so easily. Then, maybe once you're anchored, you can use some of that time to do something practical, purposeful, or life enhancing.

Client Like what?

Therapist: Well, we'll get to that shortly. First, how about we drop an anchor?

Model, Instigate, and Reinforce

As you know, the entire ACT model rests on the concept of workability: “Is what you’re doing working to give you a rich, full, and meaningful life?” If the answer to this question is yes, then we say the behavior is workable. And if the answer is no, it’s unworkable.

You also probably know that ACT is based on behavior analysis. To a behavior analyst, the term “behavior” simply means “something an organism does.” Thus, to a behavior analyst, thinking, feeling, and remembering are all considered to be behavior because they are all something an organism does.

During any session, we look for two types of behavior: workable and unworkable.

When we identify workable behavior, we want to reinforce it—to do something that leads to the persistence or increase of the behavior. And when we identify unworkable behavior, we want to interrupt it and instead reinforce an alternative, workable behavior. (Behavior analysts call this differential reinforcement.)

Thus, in any ACT session we aim to continually model, instigate, and reinforce the six core ACT processes.

Modeling ACT Processes

We model the six core ACT processes by embodying ACT in the room: We work from a mindful, compassionate, values-congruent mindset. We pay attention with openness and curiosity. We defuse from our own unhelpful mind chatter. We willingly make room for our own discomfort in the service of helping the client. And we stay in touch with our values as a coach or therapist: compassion, respect, integrity, authenticity, caring, connection, contribution, and so on.

Instigating ACT Processes

We also want to actively instigate psychological flexibility in each session. In other words, we want to induce the client to practice mindfulness, connect with values, set goals, and take action, *during the session itself*. There are two main ways to do this, which often overlap: structured exercises, and noticing and commenting.

Structured Exercises

When new to ACT, we tend to stick to structured exercises: physical metaphors (those that are acted out); verbal metaphors (those that are described); worksheets; specific techniques such as singing thoughts or thanking one's mind; and experiential exercises such as mindful breathing, visualizing thoughts as leaves floating down a stream, or imagining one's own funeral.

Noticing and Commenting

As we get more familiar with ACT, we realize that we can instigate core processes simply by commenting on what's happening. For example, we can instigate defusion by asking the client questions such as "Can you notice what your mind is telling you right now?" or "Do you notice how your mind keeps pulling you back to this topic?" We can instigate acceptance through comments such as "How are you responding to this feeling right now? Actively fighting it? Putting up with it? Dropping the struggle with it?" And we can connect with values through comments like "It seems as though this is really important to you. What is it that matters about this?"

Reinforcing ACT Processes

When we notice signs of psychological flexibility in session—connecting with values, defusing from unhelpful thoughts, accepting discomfort, engaging in the here and now, practicing self-compassion, and so on—these are all instances of workable behavior. So let's actively reinforce them as they occur. There are many ways to do this. We might share with the client what we're noticing and comment on it in a way that's likely to be perceived as encouraging or appreciative. We can show

curiosity about how the client is doing the behavior. We might ask the client to notice what she's doing and the effect it's having. Or we can share with the client how her behavior makes us feel or what impact it has on the therapeutic relationship. Here are some examples to get you thinking about how you can reinforce ACT processes in session:

- “I can’t help noticing that you seem really engaged right now. Earlier in the session you seemed a bit distant and distracted, but now you seem really present. Do you notice that yourself? What difference does that make to you? Are there any other times when you’re are engaged like this, in other areas of your life?”
- “Wow! When I see you getting in touch with your values like that, it really touches me. I feel humbled.”
- “Did you notice that? For a moment there, your mind had you completely hooked. And then you just unhooked yourself and came back. How did you do that?”
- “My sense is that even though you’re in great pain here, you’re also really present with me—really engaged. A few minutes ago there seemed to be a wall between us, but now it seems to have come down.”
- “I have to admit, I’m impressed. You’ve been struggling with anxiety for so long, and yet for the last few minutes you’ve been sitting there and not fighting with it. What’s that like for you? Does it make any difference to our interaction here? I’m curious: is it any easier for you to be really present when you’re not struggling with those feelings so much?”
- “Thank you so much for sharing that with me. I feel privileged.”

Note that we can’t possibly know for sure whether such interventions will be reinforcing or not for the behavior. Initially, we have to make a guess: what can we say and do that we *think* will be reinforcing? Then we try it and mindfully assess the consequences.

Thus, if we use one of the strategies above but it elicits fusion and avoidance, we would conclude that the intervention *wasn’t* reinforcing (for that particular behavior). If, however, it leads to an increase in the client’s workable behavior, then the intervention *was* reinforcing (for

that particular behavior). Unfortunately, just because something is reinforcing for one particular behavior doesn't mean it will be for another one, so whenever we target a new behavior, we have to make an educated guess as to how we can reinforce it and then mindfully assess the results.

Encouraging Workable Behavior between Sessions

In addition to modeling, instigating, and reinforcing workable behavior in session, we want to encourage it as much as we can between sessions. Thus, toward the end of each session we ask the client to commit to some form of action. This could be anything from practicing a mindfulness technique or filling in a worksheet to following through on a specific values-congruent goal or simply observing his behavior in certain contexts and noting the consequences.

Then we want to start off the next session by asking the client if he followed through. If instead we open the session with an everyday conversation starter like "How's your week been?" or "How are you today?" we run the risk of wasting a lot of time on unfocused, unhelpful, or irrelevant conversation. It's better to choose a more focused opener along these lines: "At the end of the previous session, we talked about you doing X, Y, and Z. Is it okay if we kick off today by talking about how it all went?"

If the client reports positive progress, we might then say things such as these: "Wow! That sounds great." "How did you do that?" "I wish I could have seen that." "What difference did that make?" "I'm impressed." "How else have you applied that?" "Any other benefits?" "Was your wife pleasantly surprised?" "As you're telling me about this, you look really alive and energized." What we're hoping to do here is encourage more such behavior outside the room. (There are, of course, no guarantees that this will happen.)

What if the client doesn't report positive progress? In that case, we focus first and foremost on self-acceptance and self-compassion, and then we move on to addressing the various barriers and obstacles to action as described in part 2 of this book.

Differential Reinforcement

Suppose a client exhibits unworkable behavior throughout most of the session; for example, continually worrying, ruminating, beating himself up, blaming others, struggling with his feelings, etc. And suppose the therapist practices “supportive counseling”; in other words, she does little more than listen compassionately, empathize a lot, and give words of support and encouragement. What is the likely outcome?

In the short term, the client is likely to feel better. After all, someone has just listened to him compassionately and respectfully and acted in a kind and caring way. However, because the client was so well rewarded (with kindness, care, and respect) for his unworkable behavior (worrying, ruminating, blaming, etc.), there’s a high chance that the unworkable behavior will actually *increase*. In other words, the therapist is probably reinforcing the client’s unworkable behavior. Rather than helping the client, she’s keeping him stuck.

So when unworkable behavior occurs in session, we want to interrupt it and instigate and reinforce a different, more workable behavior—in other words, provide differential reinforcement. For example, we might share with the client what we’re noticing, ask him to notice what he’s doing and what effect it’s having on him, or share with him how his behavior makes us feel and what impact it has on the therapeutic relationship. There are many examples of how to do this in part 2 of the book.

Experiments

Reflect on some recent sessions and see if you can identify instances of workable and unworkable client behaviors. Can you identify any times when you actively reinforced workable behavior?

Come up with simple ways of your own that might actively reinforce workable behavior when you see it occur in session. Then try them out with your clients and assess the results—keeping in mind that what's reinforcing for one client may not be for another.

If you currently have a client who is very stuck, reflect carefully on your previous session. What unworkable behavior occurred in session? Might you have inadvertently reinforced it by playing the role of good listener or nice guy? What's a more workable client behavior that you could differentially reinforce in the next session?

CHAPTER 4

Triggers and Payoffs

Do you ever have clients who say things like “I really want to understand myself,” “I want to change, but I don’t know how to,” “I don’t know why I keep doing it,” or “I really want to stop, but I can’t seem to help myself”? Do you ever encounter unworkable behavior that you don’t know how to target effectively?

If so, you’ll be pleased to know this chapter addresses these issues. We’re going to look at a powerful tool—indeed, perhaps the ultimate ACT tool—that will help us generate a wide range of effective interventions for any unworkable client behavior and also help our clients understand their own behavior in order to manage themselves more effectively.

Triggers, Behavior, and Payoffs

All behavior, workable or not, is purposeful; it is always intended to achieve an outcome of some sort, whether we’re aware of it or not. In order to figure out the intention or purpose (function) of the behavior, we need to gather information in three categories: triggers, behavior, and payoffs, as illustrated in the chart below. (Note that the chart is organized sequentially, from triggers to behavior to payoffs; however, because the behavior we wish to target is the starting point in a functional analysis, it’s filled in first and therefore I discuss it first in the sections that follow.)

Triggers <i>(situation, thoughts, and feelings that precede the behavior)</i>	Behavior <i>(something an organism does)</i>	Payoffs <i>(outcomes of the behavior that keep it going)</i>

Behavior

As discussed in chapter 3, the word “behavior” simply means something an organism does. Public behavior is something an organism does that can potentially be directly observed by others. Note the word “potentially”; if you’re drinking alcohol all by yourself, totally alone in the house, it would still be classed as public behavior because, even though you’re doing it in private, it could *potentially* be observed by others—for example, if there were a video camera mounted on the wall. In everyday language, we commonly refer to public behaviors as “actions.”

Private behavior is something an organism does that can be directly observed only by the organism itself. In humans, private behavior includes such activities as thinking, fantasizing, and remembering; no one can directly observe these activities other than the person doing them.

However, if we write down our thoughts, fantasies, and memories or talk about them aloud, the action of writing or speaking would be public behavior because it could potentially be observed by others. (A note for budding neuroscientists: yes, an MRI or PET scanner can observe patterns of electrochemical activity in the brain, but it can’t observe the words and pictures that the person in the scanner is experiencing inside her own head.)

Triggers

“Triggers” is the user-friendly layman’s term for directly relevant events that immediately precede the behavior. The technical term in behavior analysis is “antecedents.” The triggers, or antecedents, for a client’s behavior typically include the situation she’s in and the thoughts and feelings she’s having. (In this book, the phrase “thoughts and feelings” means any and all private experiences, including cognitions, sensations, urges, memories, emotions, and images.)

Payoffs

Payoffs are outcomes of a behavior that keep it going. In behavior analysis, these are called “reinforcing consequences”: the outcomes of a behavior that lead to it persisting or increasing.

Spot the Function

In behavior analysis, we are not as interested in the *form* of a behavior—what it looks like to an outside observer—as we are in the *function* of that behavior. Loosely speaking, the function of a behavior is the purpose of it: what it is intended to achieve. To spot the function of a behavior, we have to answer three important questions:

- **Behavior:** What is the client doing?
- **Triggers** (antecedents): What situations, thoughts, and feelings immediately precede the behavior?
- **Payoffs** (reinforcing consequences): What outcomes of the behavior keep it going?

Here’s a functional analysis of the behavior of a client with marijuana addiction, using the triggers, behavior, and payoffs formula.

<p>Triggers <i>(situation, thoughts, and feelings that precede the behavior)</i></p>	<p>Behavior <i>(something an organism does)</i></p>	<p>Payoffs <i>(outcomes of the behavior that keep it going)</i></p>
<p>Situation: <i>Alone at home at night</i></p> <p>Thoughts: <i>“I have no friends.” “I wish I had a social life.”</i></p> <p>Feelings: <i>Sadness, loneliness, anxiety, boredom, the urge to smoke dope</i></p>	<p>Smokes marijuana.</p>	<p>Feeling of relief. Painful thoughts, feelings, and urges disappear.</p>

In the chart above, we can easily see the intention of the behavior: to escape from painful thoughts and feelings. For this particular client, the payoff is a big one; no wonder the drug use continues. (In behavior analysis terms, we’d say the consequences of the behavior are highly reinforcing.)

Here’s another triggers, behavior, and payoffs chart for the same client.

<p>Triggers <i>(situation, thoughts, and feelings that precede the behavior)</i></p>	<p>Behavior <i>(something an organism does)</i></p>	<p>Payoffs <i>(outcomes of the behavior that keep it going)</i></p>
<p>Situation: <i>Trying to quit smoking marijuana; hasn’t smoked any for 24 hours; now in acute withdrawal</i></p> <p>Thoughts: <i>“This is so hard.” “I need a joint.” “I can’t hold on much longer.”</i></p> <p>Feelings: <i>Anxiety, withdrawal symptoms, urge to smoke dope</i></p>	<p>Smokes marijuana.</p>	<p>Feeling of relief. Painful thoughts, feelings, urges, and withdrawal symptoms disappear.</p>

Again, the triggers and payoffs clearly point to the function of the behavior: escape from painful thoughts and feelings. And again, for this client, it's a big payoff (the consequences are highly reinforcing); marijuana use persists, despite attempts to quit.

So when clients ask us, "Why do I keep doing this?" it's very useful to divide a piece of paper into three columns, as above, and take them through a triggers, behavior, and payoffs analysis. To help you develop this skill, which I guarantee will increase your effectiveness in ACT, think of three clients who fit the three examples below. I've given you the behavior (to keep it simple, in each case it's a public behavior); your job is to complete the triggers and payoffs.

<p>Triggers <i>(situation, thoughts, and feelings that precede the behavior)</i></p>	<p>Behavior <i>(something an organism does)</i></p>	<p>Payoffs <i>(outcomes of the behavior that keep it going)</i></p>
	<p>An addictive behavior (e.g., drugs, alcohol, gambling)</p>	
	<p>Social withdrawal</p>	
	<p>Suicidal behavior (e.g., threats, notes, plans, attempts)</p>	

Please complete this exercise before reading on. It's essential that you grasp this concept. Even if you've never had clients with issues such as these, please take the time to imagine what some possible triggers and payoffs might be for some people with these behaviors. (If you're completely stumped, no worries. I've created answers to these questions in a document that you can download from the free resources page at www.actmindfully.com.au.)

Revisiting Workability

Hopefully you are now clear on the concepts of workable and unworkable behavior:

With workable behavior, the payoffs are flourishing, vitality, and a rich, full, and meaningful life experience.

With unworkable behavior, although the behavior has payoffs such as avoiding pain or feeling good, it also has significant long-term life costs: increased suffering, lack of fulfillment, loss of vitality, and a life experience lacking in richness, fullness, and meaning.

Conversations or Columns?

Keep in mind that you don't have to draw out a three-column triggers, behavior, and payoffs chart for clients. If you prefer, you can do this in a conversational style. However, it is often very useful to draw up such a chart. Why? For one thing, you can give it to the client to take home, to help him remember what you talked about. But more importantly, once you've drawn it up, you can use it to generate interventions, as described below.

Gathering Information

Let's begin this section with a triggers, behavior, and payoffs chart for a client who wants to stop worrying.

Triggers <i>(situation, thoughts, and feelings that precede the behavior)</i>	Behavior <i>(something an organism does)</i>	Payoffs <i>(outcomes of the behavior that keep it going)</i>
<p>Situation: <i>At work, a few hours before a second date with a new girlfriend</i></p> <p>Thoughts: <i>“She’ll think I’m boring.” “I’ll run out of things to talk about.” “When she finds out what I’m really like, she’ll dump me.” “I’m setting myself up to be rejected yet again!” “It’s all going to go wrong.”</i></p> <p>Feelings: <i>Anxiety, fear of rejection</i></p>	Worrying	<p><i>Provides distraction from unpleasant feelings in the body.</i></p> <p><i>Creates a sense of working hard to solve the problem.</i></p> <p><i>Helps prepare for the worst.</i></p>

Recording the Behavior

In this case, we’re going to put a private behavior in the behavior column. (Note that it’s best to restrict this column to either a public or a private behavior. If we include both, it gets confusing.)

Identifying the Triggers

Once we’ve filled in the behavior column, we move to triggers. Of course, many clients can’t readily identify their triggers. In such cases, we attempt to recreate the triggering situation and identify the triggering thoughts and feelings. Here are a couple of ways we might do this:

- “Is it okay if we rewind the session to just before you did X (*non-judgmentally naming the problematic behavior that has just occurred*) and see if we can identify what triggered it? The behavior started right after I asked you that question about your values. So if it’s okay with you, I’m going to ask you the very same question again,

but this time all I want you to do is pause for ten seconds, notice what thoughts and feelings show up, and see if you have any urge to repeat that behavior.”

- “Okay, see if you can remember the last time this happened. Picture the scene as vividly as you can, as if it were happening right now. *(The therapist then asks a string of questions to identify the situation, thoughts, and feelings, along the following lines.)* Where are you?... What are you doing?... What time is it?... What can you see and hear?... What are you doing?... Who’s there with you?... What is the other person saying or doing?... How are you feeling?... What are you thinking?”

Identify the Payoffs

Next, we fill in the payoffs column. Again, clients often can’t readily identify the payoffs, so we need to do some psychoeducation. We explain that almost all types of “problematic” behavior have four main categories of payoff (which frequently overlap with each other):

- We get to feel good.
- We get to avoid or get rid of uncomfortable thoughts and feelings.
- We get to escape from an unpleasant situation.
- We get attention.

After we explain this, we can ask the client if he gets any of these benefits when he does the behavior in question. In the example that follows, the client came to therapy for anger management. He could readily identify the triggers for his aggressive behavior, but he was either unwilling or unable to see the payoffs. Here’s what his triggers, behavior, and payoffs chart looked like.

Triggers <i>(situation, thoughts, and feelings that precede the behavior)</i>	Behavior <i>(something an organism does)</i>	Payoffs <i>(outcomes of the behavior that keep it going)</i>
<p>Situation: <i>My wife was complaining because I came home very late.</i></p> <p>Thoughts: <i>“She’s such a nag.” “She’s always on my back.” “Why can’t she give me a break?”</i></p> <p>Feelings: <i>Anger, frustration</i></p>	<p><i>Yelling, swearing, smashing things, threatening violence</i></p>	

Note: This may be stating the obvious, but we always describe the behavior in nonjudgmental terms. We’d never describe it as “nagging your husband” or “lazing around like a slob on the couch”; rather, we’d say “repeatedly reminding your husband, in an irritated tone of voice, to do something” or “spending six hours on the couch reading magazines, snoozing, and watching TV.” Thus, in the chart above, you see a nonjudgmental description of the aggressive behavior, rather than judgmental terms such as “bullying” or “abuse.”

Here’s how the therapist helped this client clarify the payoffs.

Therapist: Sometimes it’s not easy to recognize the payoffs of our behavior. However, they generally fall into four main categories: they make us feel good, they stop us from feeling bad, they get us out of a difficult situation, or they get us attention. Now it seems that at least one of your aims was to get out of a difficult situation. You’ve described that here as *(quoting from the triggers column)* wanting to get a break, to get your wife off your back. Did that happen?

Client: Yeah, she ran off to the bedroom.

Therapist: Okay, so right there you have one huge payoff: your behavior got you out of an unpleasant situation. Did you feel a sense of relief?

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Client: You bet I did!

Therapist: So there are two more payoffs: you got rid of some unpleasant feelings of anger and frustration, and you got to experience some good feelings.

If, despite this approach, the payoffs aren't clear to the client, we can nonjudgmentally describe them to the client.

Once we have completed the payoffs column, we could return to the concept of workability, as in the following example, which continues the preceding scenario.

Therapist: (Points to the behavior column.) So this behavior has some real payoffs for you. (Points to the payoffs column.) It gets you out of this situation (pointing to the situation in the triggers column), gets rid of these thoughts and feelings (points to the thoughts and feelings in the triggers column), and gives you a feeling of relief. But let's come back to this for a moment. (Picks up the Bull's-Eye Worksheet [described in chapter 6] and points to the relationships domain.) This is what you wanted to work on: your marriage, right? So in terms of building the sort of marriage you want, does this behavior take you closer to the bull's-eye or farther away?

Once the client contacts the unworkability of his behavior, the therapist can then look at alternative workable behaviors. But before we move to the topic of generating effective interventions based on functional analysis, please note that processes such as worrying and rumination tend to have the same reinforcing consequences for most people: First, they are highly cognitive processes that pull us into our thoughts and therefore help us avoid unpleasant feelings in the body. And second, they give us a sense of working hard to solve our problems. Many clients are unaware of these payoffs, in which case we can explain them; it's an important piece of psychoeducation. However, clients who worry a lot are usually aware of another common payoff: It helps them prepare for the worst-case scenario. In the functional analysis chart for the client who was worrying while at work, earlier in this chapter, you can see all three of these payoffs.

Generating Effective Interventions

Once we've filled in the chart, we can readily generate interventions based on mindfulness, values, or both, from any corner of the triflex. Using the example of the client who was worrying while at work, we might go to the "Do What Matters" corner and ask the client about his values in the workplace. Suppose he identifies values such as productivity, efficiency, or skillfulness. In that case, we might say, "So although I'm probably stating the obvious here, it seems like worrying while you're on the job doesn't help you live by those values."

Once the client identifies that worrying is unworkable, we can consider alternative behaviors that are workable. Again, we can select these from any corner of the triflex. For example, we might select behaviors from the "Open Up" corner.

Therapist: (Points to the *triggers* column.) It seems like it would be useful if, next time these thoughts and feelings arise, you could handle them differently so that they have less impact and influence over you. Instead of worrying, could you do something more effective?

The therapist can now introduce new "Open Up" behaviors: defusion techniques for the worry thoughts and acceptance techniques for the physical sensations of anxiety.

Alternatively, we could begin with the "Do What Matters" corner and remain there.

Therapist: So it seems like it would be useful if, next time these triggers arise, you could do something else instead of worrying—something that might help you act more effectively on your values.

The therapist can now introduce new "Do What Matters" behaviors, such as constructive problem solving or making effective action plans.

Of course, we could also start with the "Be Present" corner.

Therapist: So it seems like when these thoughts and feelings arise, it's very hard for you to stay focused on the task at hand. In a sense, that's what "worrying" means: getting so caught up in thoughts about what might go wrong in the future that we lose touch with what we're doing in the

here and now. And naturally, the more distracted and unfocused you are, the more your work suffers. One thing that can really help here is to learn the skill of task-focused attention. That means developing the ability to keep your attention on the task at hand instead of getting hooked by your thoughts and feelings. The great thing about task-focused attention is that it's not just an antidote to worrying; it's also the key to success in any area of life. If we want to do anything well, from driving a car to making love, from playing tennis to cooking dinner, we need to stay focused on and engaged in what we're doing.

The therapist can now introduce all manner of “Be Present” behaviors to help train task-focused attention: mindful breathing, mindful walking, mindful eating, mindful drinking, mindful listening, mindful tying of shoelaces, and so on.

Last but not least, we can look at the payoffs column in terms of workability, contrasting the payoffs with the life costs. To illustrate this, let's return to the earlier example of the client with a marijuana addiction.

Therapist: (Points to the behavior column.) So when you smoke marijuana, it clearly gives you some big payoffs. (Points to the payoffs column.) It instantly gets rid of all these unpleasant thoughts and feelings, and it makes you feel good, chilled, and relaxed. But what does it cost you in the long term?

The therapist now gets the client to psychologically contact the long-term costs of the behavior. To do this, she may ask the client questions such as “In the long term, does this work to give you the life you want?” or, more specifically, “Does this work to give you the marriage [career, physical health, etc.] that you want?” or “What effect does this have on your relationship?” or “Does this help you be the sort of father you want to be?”

If the therapist is using the classic Bull's-Eye Worksheet, she might ask, “Does this take you closer to the bull's-eye or farther away from it?” (If you're unfamiliar with the Bull's-Eye worksheet, a very powerful ACT

tool, I suggest you turn to chapter 6, where it is described in detail, before continuing with this chapter.)

Benefits of Functional Analysis

Please take a moment to reflect on just how useful a functional analysis (i.e., triggers, behavior, and payoffs) can be. (In behavior analysis, it's called an ABC analysis, for antecedents, behavior, and consequences.) Functional analysis can help us and our clients understand the function of any behavior whatsoever—from purging to overeating, from rumination to revenge fantasies, from suicide attempts to gambling, and from seeking reassurance to avoiding parties. It enables us to clarify not only what motivates the behavior (triggers), but also what maintains it (payoffs). In addition, it paves the way for a good, open, honest look at the workability (i.e., the payoffs versus the costs) of any given behavior. Finally, it also enables us to generate numerous interventions from any part of the hexaflex or triflex. In other words, it is the ultimate tool for getting unstuck in ACT!

Experiments

Do two triggers, behavior, and payoffs analyses right now. Pick two clients you're currently working with, choosing one public behavior and one private behavior.

Use the triggers, behavior, and payoffs charts generated for those two clients to brainstorm interventions for their next sessions.

In the next week, do at least one triggers, behavior, and payoffs analysis in session with a client,

If you'd like to learn more about behavior analysis, the best beginners-level book is *The ABCs of Human Behavior* (Ramnerö & Törneke, 2008).