

Standing Your Ground: Why Philosophy Matters for Clinicians

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How we come to stand here.

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We were going to call this presentation “When ACT Doesn’t Work,” but we chickened out.

Starting assumptions

- We assume that the fact that all Steve's and Kelly's books for clinicians include at least a chapter on Functional Contextualism is important.
- We assume you have had the experience of doing ACT and having this happen:

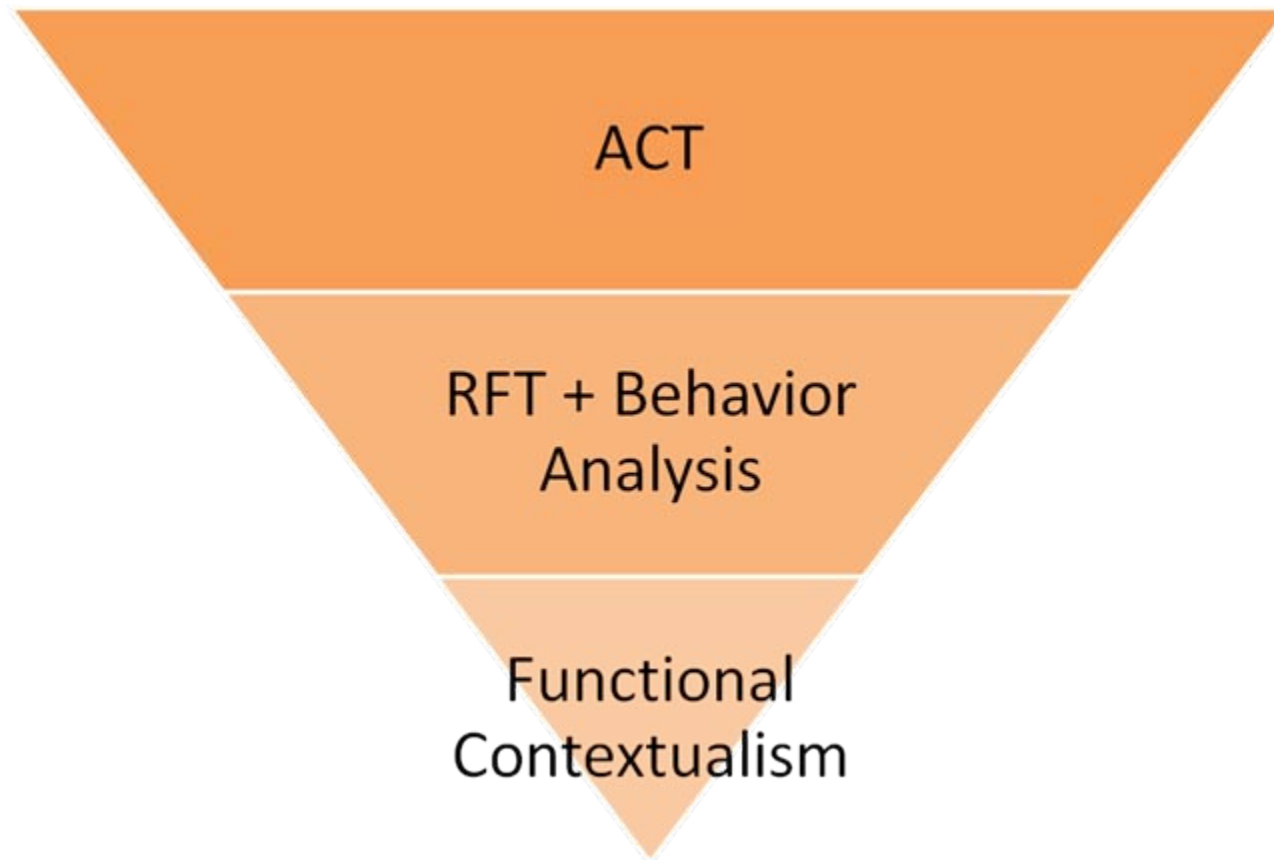


“Milk, milk, milk...”

To do ACT as it is meant to be done, we must take a functionally contextualistic philosophical stance.



Acceptance and Commitment Therapy is a river, not a swimming pool.

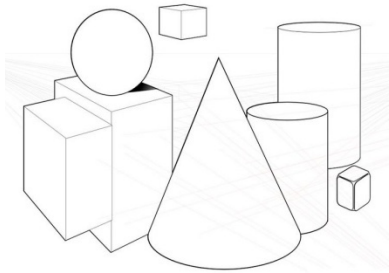


A- ontological stance

You are here.

A little bit of Pepper (1947)

Formism



Correspondence

Forms need to
be known and
named

Mechanism



Extends formism

How the
parts/
forms
work
together

Organicism



The
ongoing
story

Coherence
Edit out incongruent parts

Functional Contextualism



The act in context



Huh?

What is the river?



Phenomena of interest

- Act of the whole organism in context.
- The context of any event ultimately includes the entire universe and extends through all of time.
- The whole is primary; the parts we *construct* are secondary (There is no actual A, B, or C. Behavior and context depend on where you're looking).

CLOSE YOUR EYE



Some Basic Assumptions

90% ripped off from Dermot's wonderful post on ACBS site, all additions and errors are Joanne's.

Truth

- "truth" is relative (Values cannot be evaluated)
- **a-ontological –NO THINGS**
- Statements are true to the extent they allow the scientist (therapist) to work successfully, (In service of values)
- Truth is tied to practical consequences, (committed action) not to ontological assumptions (being a narcissist.)

Goal of science/therapy

- prediction-and-influence over the phenomena of interest (the client's behavior in their lives)

Phenomena of interest

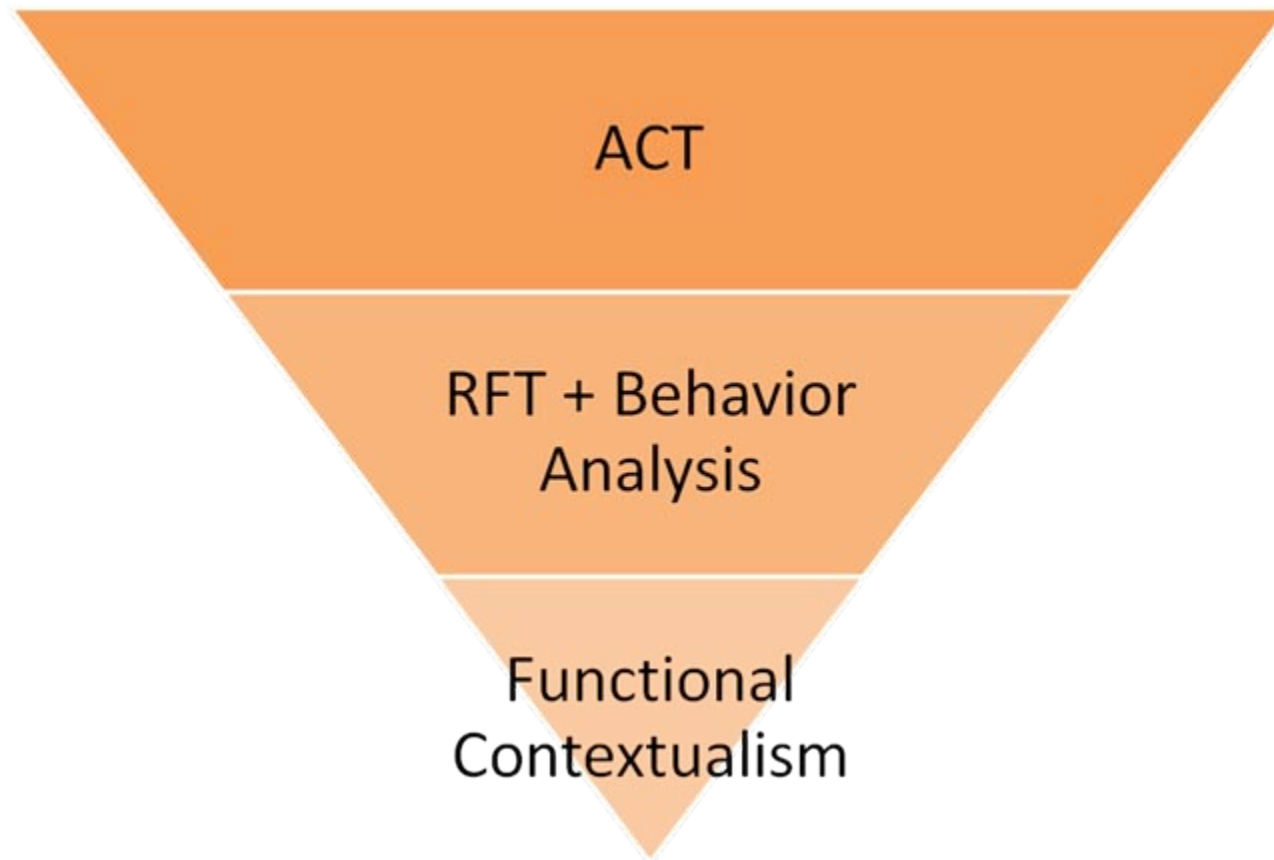
- **Act of the whole organism in context**
- The context of any event ultimately includes the entire universe and extends through all of time (Be practical.)
- The whole is primary; the parts we *construct* are secondary (there is no actual A, B or C)

Availability for inclusion

- Events which may participate in our statements
- Directly observable (no unobserved hypotheticals)
- Observable by behaving organism/client
- Observable by scientist/ therapist
- In principle observable

Scientist/therapist in scientific/behavior analysis

- Scientists/therapists are necessarily a part of the whole
- Any distinction between the scientist/therapist and the context is only for the sake of successful working



A- ontological stance

You are still here.
(Hopefully.)

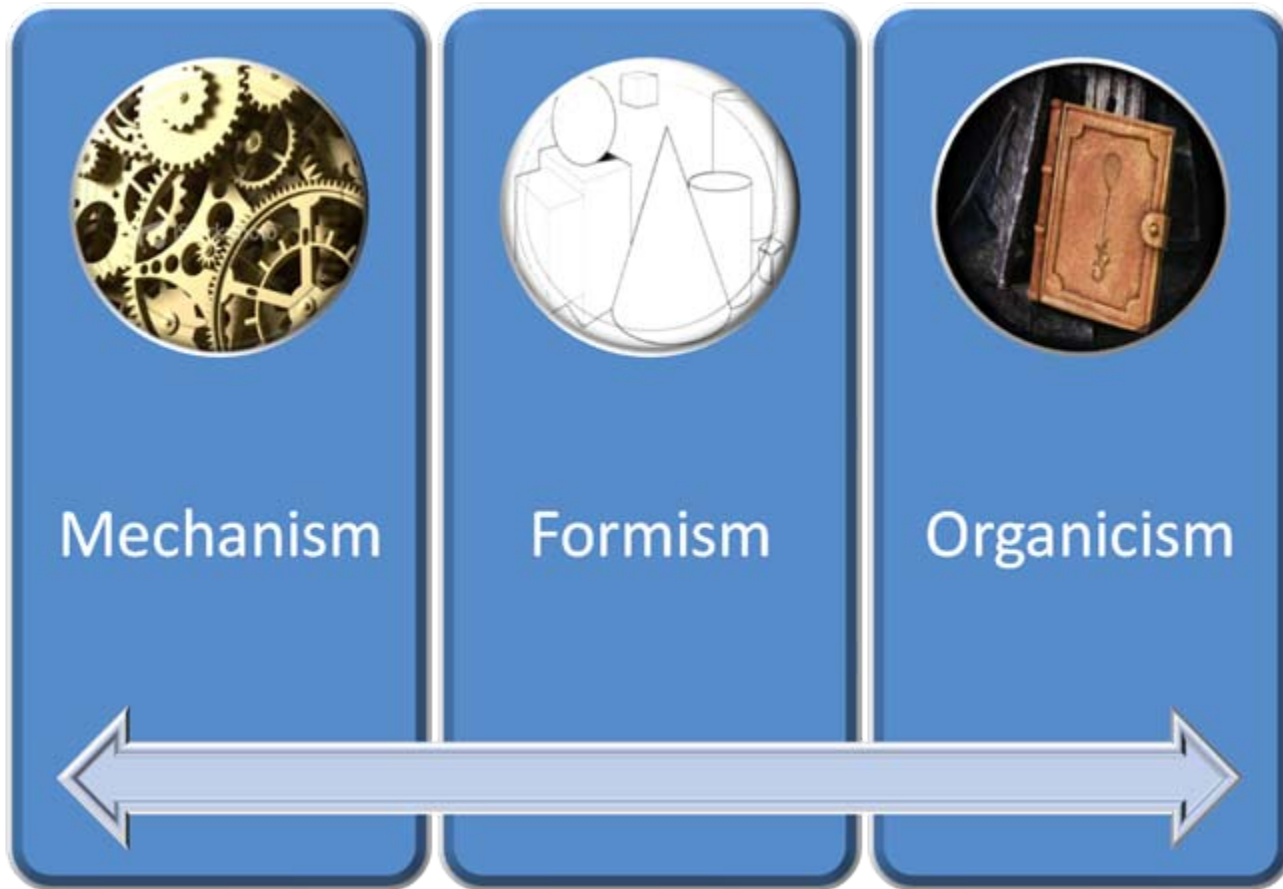
Ontological

- **Some forms of behavior analysis**
- **Psychodynamicism**
- **Medical Model**
- **CBT**
- **ACT**
 - Using the hexaflex as a checklist
- **DBT**
 - Mechanized Chaining
 - Manualized Treatment
 - Death by worksheet

A-ontological

- **DBT**
 - Skills as shaping (Sandra Georgescu)
 - Dialectic as walking
- **FAP**
 - Functional analysis of the only behavior we have direct access to
- **ACT**
 - Behavior analysis
 - RFT (Relational frames aren't things.)
 - The hexaflex as five toes

The world of things



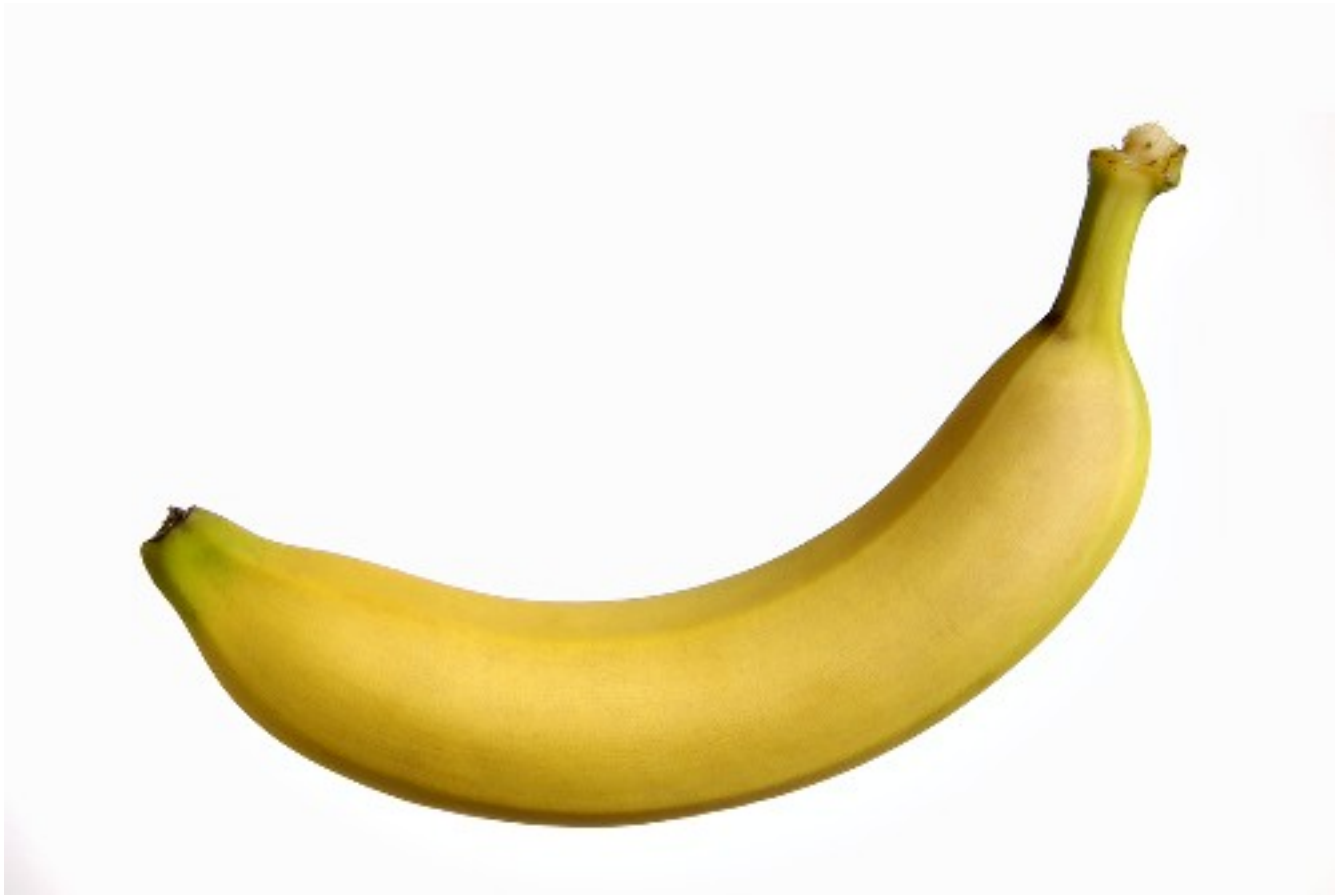
The world of no things

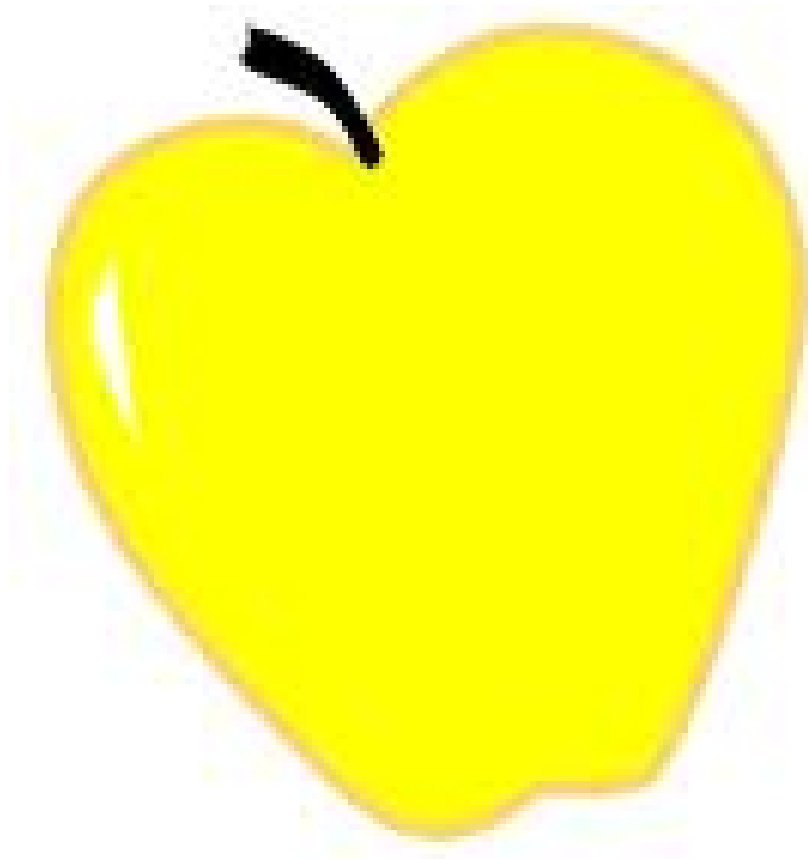
Functional
Contextualism

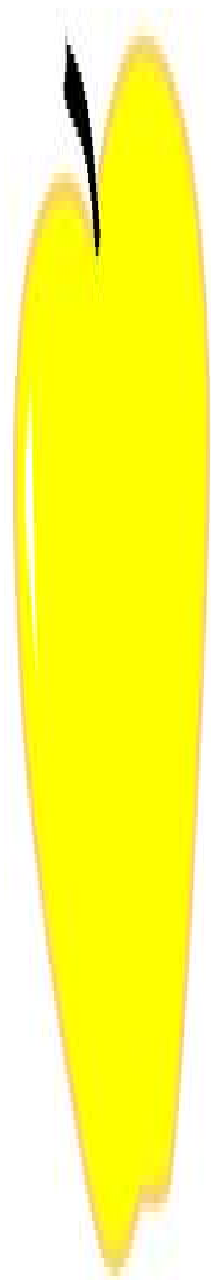
An a-ontological stance is:

- Confusing
Again, the nature of most languages demands a world of things and place.
- Airy Fairy
Mechanistic/ontological world views seem "grounded" and "solid" and "real."
- Fuzzy/Imprecise
Due to the ontological nature of many human languages, we can speak of an a-ontological world only as what it is not.









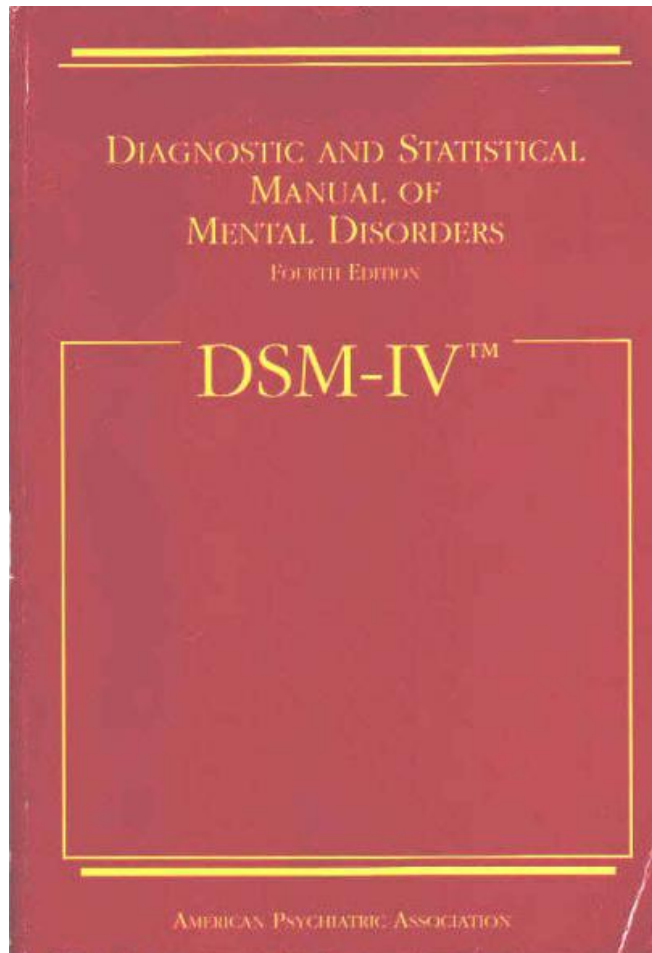




Now for the Multiple Exemplar Training portion of our show

Because our language is all about the world of things, we cannot speak directly about an ontological stance, we must show you.

What's my diagnosis?



What did you see?



Now it's your turn.

Why am I this way?



How to tell when you've lost your ground.

- Doing ACT to--not with.
- Needing to find answers
- Thinking in nouns, not verbs, anxiety vs. having feelings of anxiety
- Getting frustrated, name calling , (DSM, “client is fused”)
- Therapeutic reason giving (“because client is fused...)
- KW: Math problems not sunsets
- Stopping points
- Being an expert /having the answer
- The seduction of naming
- Very little present moment focus
- Almost no experiential work in session
- Refuting or arguing with stories/symptoms/thoughts

More ways to know that you've lost your ground

- Standing not surfing.
- Rigid adherence to the metaphors/tools
 - Pulling out the finger traps when you feel trapped
- Being right, not curious
- Knowing what you're doing
- Telling the client what they're doing wrong
- Telling yourself what you're doing wrong
- ACT as a technology
- PAIN IS THE PROBLEM

Some ways to know that you're standing your ground

- No stopping points
- The freedom of "I don't know,"
- Fluid unpredictable openings of behavioral repertoire
- Laughing
- Surfing
- Not being tired after sessions
- Not obsessing about your clients
- Amazing acts of courage, for both your clients and yourself
- PAIN IS NOT THE PROBLEM. Actually, there are no problems.
- Feeling your heart open
- Being surprised
- Often being wrong about your predictions, at least at first
- Affection, amusement and compassion for your clients and yourself.

Resources

- Books
 - Mindfulness for Two (2010),
 - Depression in Context (2001),
 - Functional Analytic Psychotherapy (2010),
 - Acceptance and Commitment Therapy (1999)
- Articles:
 - Wilson (2001). Theoretical Constructs and Behavior Analysis
 - Hayes and Hayes(1977). Behavioral Epistemology and Nonverbal Knowing
 - Chiesa (1992). Radical behaviorism and scientific frameworks: From mechanistic to relational accounts.
 - Hayes, Hayes, & Reese (1988). Finding the philosophical core: A review of S.C. Pepper's World Hypotheses.
 - Morris (1988). Contextualism: The worldview of behavior analysis.

More resources

- Peer consultation/Reading groups
- Phone/Skype consultation: Jason Luoma, Robyn Walser, Mavis Tsai, Kevin Polk. I'll be starting a face to face year long consulting group in Denver in September.
- Workshops here at ACBS:
 - Sandra Georgescu
 - Benjamin Schoendorf
 - Panel

What gets in the way?

- Confusion: This stuff is freaking weird and conceptual articles are hard to understand. *The pendulum of the mind oscillates between sense and nonsense, not between right and wrong.* -CG Jung
- Translation errors: Simple=simplistic. It's just like: Buddhism, Gestalt, fill in the blank. A thin yellow apple.
- Overwhelm: Trying to read and understand everything on the list or website. Start with the stuff you can apply and then go deeper. Remember it takes time.
- Shame: Comparing ourselves to Steve or Kelly or.. .
- Inadequate reinforcement: See above, this takes ridiculous amounts of time and practice and it's REALLY hard. If all else fails, hire a grad student.



To do ACT as it is meant to be done, we must take a functionally contextualistic philosophical stance.



Acceptance and Commitment Therapy is a river, not a swimming pool.

Come on in , the water's fine!



Watch out for the rocks.